

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-elect Westcamp Mayor					
Full Name of Contributor Dave Watkins				Registration Number, if PAC	
Street Address Braun Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Mike Sweigart				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43232	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Mike Fultz				Registration Number, if PAC	
Street Address 452 Otterbein		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43081	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Kristy Nichols				Registration Number, if PAC	
Street Address 5245 Hayes Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Maryann Dildine				Registration Number, if PAC	
Street Address 4495 Katherine Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Don & Jean Boso				Registration Number, if PAC	
Street Address 8107 Richardson Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$50.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Kathi Wilson				Registration Number, if PAC	
Street Address 429 Main Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$3,295.00

Total expenditures this event.

\$500.00

Page Total \$ **\$200.00**