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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Re Elect Westcamp for Mayor Full Name of Contributor Registration Number, if PAG						
Full Name of Contributor				Registration Num	ber, if PAC	
Contributions from.	torr	n 31E	P97			
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
			093	0 19	\$ 257-	
Full Name of Contributor				Registration Numi		
Contributions from	tor	m 31-E	P&8			
Street Address	Employe	er/Occupation/Labor O	<u> </u>	Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/D	^ -	Amount	
			49 3	9 19	\$ 295-	
Full Name of Contributor Registration Number, if					per, if PAC	
Contributions from	for	n 31-E	pg 9			
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
City	<u> </u>					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
			101	9 19	B 40-	
Full Name of Contributor				Registration Numb	per, if PAC	
Street Address	Employer	r/Occupation/Labor Or	rganization*	L	Form (Cash, Check, etc.)	
	1					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor Registration Numi					er, if PAC	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
		, , , , , , , , , , , , , , , , , , , ,				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
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^{*}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)]