In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Westcamp for Mayor Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
LANCE Westernp			
SHEEL MUUCSS	Description of Item or Service	M D Y Fair Market Value	
165 Center St	ESSCO-T Shuts	M D Y Fair Market Value / 100.00	
Gloveport	ESSLO -T Shuto State Zip Code Oh 43125	Received at Fundraising Event?	
Full Name of Contributor Cance West Amp	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	Mi Di Yı Fair Market Value	
Full Name of Contributor Lance Westemp Street Address 165 Center St City Groveport Full Name of Contributor	Cols. Mess. Political Ad	1 101011 518.60	
6 roveport	State Zip Spde 73125	The state of the s	
Full Name of Contributor	Employer, Occupation, Labor Organization*	YES NO Registration Number, if PAC	
LANCE Westernp Street Address			
Street Address 165 Center St	Description of Item or Service USPS POSTASE	M D X 8 1 1 348,00	
City	Sta te Zip Code	Received at Fundraising Event?	
165 Center St City Groveport Full Name of Contributor	USPS PESTAGE State Zip Code USPS 43125	☐ YES £X NO Registration Number, if PAC	
Full Name of Contributor LANCE WESTCHAP Street Address	Employer, Occupation. Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
165 CENTER ST	Hopkins - Posteneds	M D Y Fair Market Value 330,93	
165 Center St Groveport	Hopkins - Posteneds State Zip Code ON 43125	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Code	Received at Fundraising Event?	
		□ YES □ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Code	Received at Fundraising Event?	
		□ YES □ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupation, Lahor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Code	Received at Fundraising Event?	
		LL TES LL NO	

/297.53 Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]