

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Westcamp for Mayor</b>			
Full Name of Contributor <b>Lance Westcamp</b>		Employer, Occupation, Labor Organization*	
Street Address <b>165 Center St</b>		Description of Item or Service <b>ESSCO - T shirts</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fair Market Value <b>100.00</b>			
Full Name of Contributor <b>Lance Westcamp</b>		Employer, Occupation, Labor Organization*	
Street Address <b>165 Center St</b>		Description of Item or Service <b>Cols. Mess. Political Adv</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fair Market Value <b>518.60</b>			
Full Name of Contributor <b>Lance Westcamp</b>		Employer, Occupation, Labor Organization*	
Street Address <b>165 Center St</b>		Description of Item or Service <b>USPS Postage</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fair Market Value <b>348.00</b>			
Full Name of Contributor <b>Lance Westcamp</b>		Employer, Occupation, Labor Organization*	
Street Address <b>165 Center St</b>		Description of Item or Service <b>HOPKINS - Postcards</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fair Market Value <b>330.93</b>			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fair Market Value			
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fair Market Value			

\* 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)]

**\$ 1297.53**  
Page Total \$ \_\_\_\_\_