



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Re-Elect Westcamp for Mayor				
Full Name of Contributor Heidi Christensen			Registration Number, if PAC	
Street Address 634 Elm St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19
City Groveport		State OH <input checked="" type="checkbox"/>	Zip Code 43125	Amount \$ 40-
Form (Cash, Check, Etc) cash				
Full Name of Contributor Becky Hutson			Registration Number, if PAC	
Street Address 5063 McIntosh St		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19
City Groveport		State OH <input checked="" type="checkbox"/>	Zip Code 43125	Amount \$ 40-
Form (Cash, Check, Etc) cash				
Full Name of Contributor Keith Emerson			Registration Number, if PAC	
Street Address 8516 Richardson Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19
City Groveport		State OH <input checked="" type="checkbox"/>	Zip Code 43125	Amount \$ 60-
Form (Cash, Check, Etc) cash				
Full Name of Contributor Gary Smittle			Registration Number, if PAC	
Street Address 5887 Ebright Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19
City Groveport		State OH <input checked="" type="checkbox"/>	Zip Code 43125	Amount \$ 80-
Form (Cash, Check, Etc) check				
Full Name of Contributor Steve Furniss			Registration Number, if PAC	
Street Address 2972 Arrowsmith Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19
City Reynoldsburg		State OH <input checked="" type="checkbox"/>	Zip Code 43068	Amount \$ 40-
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

Total Expenditures This Event

Page Total \$ 240-