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In-Kind Contributions Received

Form 31-J-1

Full Name of Committee				R.C. 3517.10	
Re Elect Westcamp for Mayor					
Full Name of Contributor		Employer, Occupation	on, Labor Organization*	Registration Number, if PAC	
Julie Westcam Street Address	7#	1 LEALLE	201		
282 Green Ave	Donated for	or Service Purchasion of From Sai	Ma Club for	Date (MM/DD/YYYY) Fair Market Value	
City	State	Zip Code	Received at Fundraisi		
Groveport	0H [1 43125	Yes 🗆 No		
Full Name of Contributor		Employer, Occupatio	on, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY) Fair Market Value	
City	State	Zip Code	Received at Fundraisin	ng Event?	
▼]	Yes No		
Full Name of Contributor Em		Employer, Occupatio	mployer, Occupation, Labor Organization* Registration Number, if PAC		
Street Address	Description of Item or Service			Date (MM/DD/YYYY) Fair Market Value	
City State		Zip Code	Zip Code Received at Fundraising Event?		
		3	☐ Yes ☐ No		
Full Name of Contributor		Employer, Occupation	on, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or	r Service		Date (MM/DD/YYYY) Fair Market Value	
City	State	Zip Code	Received at Fundraisir	na Event?	
		— a i	Yes No	.g _10	
Full Name of Contributor Employer, Occupation, Labor Organization*		n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or	Service		Date (MM/DD/YYYY) Fair Market Value	
City	State	Zip Code Received at Fundraising Eve		na Event?	
	•]	☐ Yes ☐ No	ig Even.	

Page Total \$ 156.28

^{*} 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)]