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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				er, if PAC	
Sam Shamansky						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
523 S Third 5+	Attorner				check	
City	State Zip Code Date (MM/DD/YYYY)			D/YYYY)	Amount	
Columbus	04	43215	10/30	0/19	\$ 500 —	
Full Name of Contributor				Registration Numb	egistration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
City	Sidio	2.5 0000				
Full Name of Contributor Re				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Circle Piddiess	Employon occupation organization (country one)					
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
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Full Name of Contributor				Registration Number, if PAC		
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Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
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City	State	Zip Code	Date (MM/DD/YYYY) Amount		Amount	
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Page Total 5500

^{*}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)]