



**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 Bryan Schoonover			Registration Number, if PAC	
Street Address 452 Voyager Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19	Amount \$ 40 -
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) cash	
Full Name of Contributor Gary COX			Registration Number, if PAC	
Street Address 3814 Battersea	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19	Amount \$ 40 -
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) cash	
Full Name of Contributor Norm Emmets			Registration Number, if PAC	
Street Address 5383 Talladega Dr	Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 09 30 19	Amount \$ 125 -
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43016	Form (Cash, Check, Etc) check	
Full Name of Contributor Shawn Cleary			Registration Number, if PAC	
Street Address 5147 Phillips Run	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19	Amount \$ 50 -
City Canal Winchester	State OH <input checked="" type="checkbox"/>	Zip Code 43110	Form (Cash, Check, Etc) check	
Full Name of Contributor James Bay			Registration Number, if PAC	
Street Address 4852 E Bixby Ridge	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 30 19	Amount \$ 40 -
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	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 \$ 295 -