



**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 Steve Morris		Registration Number, if PAC	
Street Address 800 Parkview Dr Apt 1010	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$ 25-
City Hallandale	State FL <input checked="" type="checkbox"/>	Zip Code 33009	Form (Cash, Check, Etc) cash
Full Name of Contributor Ron Wolcott		Registration Number, if PAC	
Street Address 639 Main St	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 Scott Ries		Registration Number, if PAC	
Street Address 3339 Hoover Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$ 40-
City Grove City	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, Etc) cash
Full Name of Contributor Jim Beidler		Registration Number, if PAC	
Street Address 455 Naomi Ct	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 Jean Ann Hilbert		Registration Number, if PAC	
Street Address 814 Main St	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$ 50-
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) check

* 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 \$ 195-