



**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 Kim Clements		Registration Number, if PAC	
Street Address 3467 London Lancaster Rd	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) check
Full Name of Contributor Renee Fridley		Registration Number, if PAC	
Street Address 4810 Elmont Pl	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 Pat Nieman		Registration Number, if PAC	
Street Address 442 Greenhill	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$ 20-
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) cash
Full Name of Contributor Tim Grashel		Registration Number, if PAC	
Street Address 16 Turkey foot Rd	Employer/Occupation/Labor Organization* retired	Date (MM/DD/YYYY) 09 30 19	Amount \$ 120-
City Wheelersburg	State OH <input checked="" type="checkbox"/>	Zip Code 45694	Form (Cash, Check, Etc) check
Full Name of Contributor Luke Watkins		Registration Number, if PAC	
Street Address 5690 Cruiser Ave	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 \$ 260-