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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	1	•		Registration Num	iber, if PAC
Matt Roth					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
11923 Oak Valley K	d Attorney			cash	
City	State	Date (MIMIOD) LLLL)			Amount
Reynoldsburg	OH	43068	09 1	0 14	# 700 -
Full Name of Contributor				Registration Num	aber, if PAC
Charles Moody			- ————————————————————————————————————		
Street Address	Employer	r/Occupation/Labor Or	Form (Cash, Check, etc.)		
128 Park St	<u></u>		cash		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
HShVI 11e	6#	43103	910) 19	# 30 -
Full Name of Contributor	Fo	orm 31-G	Pa 1	Registration Num	iber, if PAC
Total employee contrib	sutio	ins from	\sim		!
Street Address		r/Occupation/Labor Or			Form (Cash, Check, etc.)
	<u></u>				<u> </u>
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
			09 3	30 19	a 2,12
Full Name of Contributor Total employee contrib	notion.	is From		Registration Num	ber, if PAC
+0 rm 31-6 pg. 2	<u> </u>				
Street Address	Employer	r/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
			<u></u>		
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
			1093	0 19	14145-1
Full Name of Contributor				Registration Num	ber, if PAC
Contributor from for					
Street Address	Employer/	Employer/Occupation/Laber Organization* Form (Cash, Check, etc.)			
City	1	·			
City	State	Zip Code			Amount
	i J		109 3	0 14	\$ 215

^{*}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)]