



**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		Registration Number, if PAC	
Angela Leist			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
645 Main St		09 30 19	\$25-
City	State	Zip Code	Form (Cash, Check, Etc)
Groveport	OH <input checked="" type="checkbox"/>	43125	cash
Full Name of Contributor		Registration Number, if PAC	
Jean Boso			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
8107 Richardson Rd		09 30 19	\$80-
City	State	Zip Code	Form (Cash, Check, Etc)
Groveport	OH <input checked="" type="checkbox"/>	43125	cash
Full Name of Contributor		Registration Number, if PAC	
Jeff Altman			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
116 Plantain Dr		09 30 19	\$40-
City	State	Zip Code	Form (Cash, Check, Etc)
Etna	OH <input checked="" type="checkbox"/>	43125	cash
Full Name of Contributor		Registration Number, if PAC	
John Walsh			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
5699 Lismore Ct		09 30 19	\$100-
City	State	Zip Code	Form (Cash, Check, Etc)
Dublin	OH <input checked="" type="checkbox"/>	43017	cash
Full Name of Contributor		Registration Number, if PAC	
Mollie Westcamp			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
393 Sheryl Dr.		09 30 19	\$12-
City	State	Zip Code	Form (Cash, Check, Etc)
Groveport	OH <input checked="" type="checkbox"/>	43125	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  
\$2,402-

Total Expenditures This Event  
\$266.05

*[Signature]* \$257-257-  
Page Total \$ 257-