



**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 Angela Leist		Registration Number, if PAC	
Street Address 645 Main St	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$25-
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) cash
Full Name of Contributor Jean Boso		Registration Number, if PAC	
Street Address 8107 Richardson Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$80-
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) cash
Full Name of Contributor Jeff Altman		Registration Number, if PAC	
Street Address 116 Plantain Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$40-
City Etna	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Form (Cash, Check, Etc) cash
Full Name of Contributor John Walsh		Registration Number, if PAC	
Street Address 5699 Lismore Ct	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$100-
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Form (Cash, Check, Etc) cash
Full Name of Contributor Mollie Westcamp		Registration Number, if PAC	
Street Address 393 Sheryl Dr.	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09 30 19	Amount \$12-
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
\$2402-

Total Expenditures This Event
\$266.05

Page Total \$ 257-258-
\$257-258-