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## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

| Full Name of Committee  |             | _   |   |                        |   |                    |  |
|---|-------------|---|---|------------------------|---|--------------------|--|
| Re Elect Westcamp for Mayor  Full Name of Contributor Employer, Occubation, Labor Organization* Registration Number, if PAC |             |   |   |                        |   |                    |  |
| Full Name of Contributor  | J.          |   | Employer, Occupation  | n, Labor Organization* | Registration Number, i                          | f PAC              |  |
| Julie Westcamp  |             |   | retired   |                        |   |                    |  |
| Street Address  |             | of Item or S  | service And 4   | D . a                  | Date (MM/DD/YYYY)                               | Fair Market Value  |  |
| 282 Green Ave   | Colum       | tica  | Messend   | 2K#8150                | 10/26/2019                                      | -P36#              |  |
| City State 2  |             |   | Zip Code  | Received at Fundraisi  | sing Event?                                     |                    |  |
| Groveport   | C           | 140   | 43125   | ☐ Yes No               |   |                    |  |
| Full Name of Contributor  |             |   | Employer, Occupation, Labor Organization* Registration Number, if PAC   |                        |   |                    |  |
|   |             |   |   |                        |   |                    |  |
| Street Address Description of Item or S   |             |   | Date (MM/DD/YYYY) Fair Market Val   |                        | Fair Market Value                               |                    |  |
| City  | Sta         |   | Zip Code  | Received at Fundraisi  | na Event?                                       |                    |  |
| City  | Sie         |   | Zip Code  |                        | ig Event?                                       |                    |  |
|   |             |   |   | ☐ Yes ☐ No             |   |                    |  |
| Full Name of Contributor  |             |   | Employer, Occupation  | n, Labor Organization* | Registration Number, i                          | f PAC              |  |
|   |             |   |   |                        |   |                    |  |
| Street Address  | Description | of Item or S  | Service   |                        | Date (MM/DD/YYYY)                               | Fair Market Value  |  |
|   | ,           |   |   |                        |   |                    |  |
| City  | Sta         |   | Zip Code  | Received at Fundraisi  | na Event?                                       |                    |  |
| l <sup>*</sup>  |             |   | 2.5 5500  | ☐ Yes ☐ No             | _   |                    |  |
|   |             |   |   | Li res Li 140          |   |                    |  |
| Full Name of Contributor  |             |   | Employer, Occupation  | n, Labor Organization* | Labor Organization* Registration Number, if PAC |                    |  |
|   |             |   |   |                        |   |                    |  |
| Street Address Description of Item or S   |             | Service   |   | Date (MM/DD/YYYY)      | Fair Market Value                               |                    |  |
| Street Address Description of item of a   |             |   | ) in the second |                        | Date (WINVIIDDITTTT)                            | r dii Walkot Valdo |  |
|   | L           |   |   | <b>.</b>               |   |                    |  |
| City  | Sta         | ite   | Zip Code  | Received at Fundraisi  | ng Event?                                       |                    |  |
|   |             | ~   |   | ☐ Yes ☐ No             |   |                    |  |
| Full Name of Contributor  |             | Employer, Occupation, Labor Organization* Registration Number, if PAC |   | f PAC                  |   |                    |  |
|   |             |   |   |                        |   | !                  |  |
| Street Address Description of Item or S   |             |   | Service   |                        | Date (MM/DD/YYYY)                               | Fair Market Value  |  |
|   |             |   |   |                        | ,   |                    |  |
| City  | Sta         |   | Zip Code  | Received at Fundraisi  | na Event?                                       |                    |  |
|   | F           |   | [   |                        |   |                    |  |
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<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]