



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Re Elect Westcamp for Mayor				
<b>Full Name of Contributor</b> Scott Lockett			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 309 Canal St	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09 30 19	<b>Amount</b> \$25-
<b>City</b> Groveport	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 43125	<b>Form (Cash, Check, Etc)</b> cash	
<b>Full Name of Contributor</b> Donna Watkins			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 8373 Braun Rd	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09 30 19	<b>Amount</b> \$40-
<b>City</b> Groveport	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 43125	<b>Form (Cash, Check, Etc)</b> cash	
<b>Full Name of Contributor</b> Andy Lyles			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 3590 Toy Rd	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09 30 19	<b>Amount</b> \$100-
<b>City</b> Groveport	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 43125	<b>Form (Cash, Check, Etc)</b> check	
<b>Full Name of Contributor</b> Suzie Price			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 708 Elm St	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09 30 19	<b>Amount</b> \$25-
<b>City</b> Groveport	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 43125	<b>Form (Cash, Check, Etc)</b> cash	
<b>Full Name of Contributor</b> Bob Garvin			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5366 Sedalia	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> 09 30 19	<b>Amount</b> \$25-
<b>City</b> Columbus	<b>State</b> OH <input checked="" type="checkbox"/>	<b>Zip Code</b> 43232	<b>Form (Cash, Check, Etc)</b> 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 \$ 215-