

| Event Date 10 | 1910 | Page 9 |
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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 Westcar | nd for | Mayor | • | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Scott Lockett | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 309 Canal St | | | 10 19 19 | 430- |
| City | State | Zip Code | Form (Cash, Check, Etc | |
| Groveport | OHI | 43125 | cash | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Doug Watkins | | | | , |
| Street Address | Employer/Occupat | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 8259 Braun Rd | | | 10 19 19 | \$ 20- |
| City | State | Zip Code | Form (Cash, Check, Etc | |
| Groveport | OHI | 43125 | rash | |
| Full Name of Contributor | | | Registration Number, if PAC | <u> </u> |
| | | | | |
| Street Address | Employer/Occupat | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| | | | | |
| City | State | Zip Code | Form (Cash, Check, Etc | |
| | | | · | |
| Full Name of Contributor | المديدا | | Registration Number, if PAC | |
| | | | regionation rumber, in 170 | |
| Street Address | Employer/Occupat | ion/Labor Organization* | D-1- (4111/DD20000) | Amount |
| | - Employel/Occupat | Non/Labor Organization | Date (MM/DD/YYYY) | Amount |
| City | State | 7:- 0-4- | | |
| Oity | State | Zip Code | Form (Cash, Check, Etc | |
| | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| | | | | |
| Street Address | Employer/Occupat | ion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| | | | | |
| City | State | Zip Code | Form (Cash, Check, Etc | |
| | | | | |
| * Required for contributions from individuals over \$100 t | o statewide and Ge | neral Assembly candida | tes If contributor is self-employe | and the accumpation and the |

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

| | ributions This Event |
|------|----------------------|
| T3 3 | 565- |

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)]