



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

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

Full Name of Committee Jadwin for Gahanna				
Full Name of Contributor Sara Powers			Registration Number, if PAC	
Street Address 752 Quaker Ridge Ct.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 25.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Jeffrey Carter			Registration Number, if PAC	
Street Address 151 Rivers Edge Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 100.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor DD Jadwin			Registration Number, if PAC	
Street Address 4635 Windrow	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 100.00
City Grove City	State <input type="checkbox"/>	Zip Code 43123	Form (Cash, Check, Etc) check	
Full Name of Contributor Troy Euton			Registration Number, if PAC	
Street Address 5184 Hialeah Ct.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43221	Form (Cash, Check, Etc) check	
Full Name of Contributor Brenda Hoffman			Registration Number, if PAC	
Street Address 279 Highmeadow	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 200.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	

* 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 \$ 525.00