



**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 Donald Hubschman			Registration Number, if PAC	
Street Address 7850 Sarbury Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/28/2019	Amount 100.00
City Dublin	State OH <input type="checkbox"/>	Zip Code 43016	Form (Cash, Check, Etc) check	
Full Name of Contributor Michael Carder			Registration Number, if PAC	
Street Address 148 N. High St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/28/2019	Amount 150.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Willis Risdon			Registration Number, if PAC	
Street Address 1276 Harrison Pond Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/28/2019	Amount 100.00
City New Albany	State OH <input type="checkbox"/>	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Robert Longstreth			Registration Number, if PAC	
Street Address 963 Bryn Mawr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/28/2019	Amount 1000.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Karen Chrobak			Registration Number, if PAC	
Street Address 725 Hunters Run	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/2019	Amount 250.00
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 \$ 1600.00