



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 Michael Moran			Registration Number, if PAC	
Street Address PO Box 307437 (315 Gary Lee)	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2019	Amount 150.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Jon Handler (SMDHLS Bonding Co LLC)			Registration Number, if PAC	
Street Address 571 S. High St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2019	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Brian Larick			Registration Number, if PAC	
Street Address 774 Hunters Glen Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2019	Amount 250.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Jim M. Hughes			Registration Number, if PAC	
Street Address 4329 Randmore Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2019	Amount 250.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, Etc) check	
Full Name of Contributor William L. Stehle			Registration Number, if PAC	
Street Address 654 Crossing Creek South	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2019	Amount 250.00
City Gahanna	State OH	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

3425.00

Total Expenditures This Event

Page Total \$ 1000.00