



# 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 Maxfield			Registration Number, if PAC	
Street Address 1209 Belcross Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 100.00
City New Albany	State OH <input type="checkbox"/>	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Eric Miller			Registration Number, if PAC	
Street Address 588 Wickham Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 50.00
City Gahanna Oh 43230	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Jeffrey Mackey			Registration Number, if PAC	
Street Address 924 Thayer Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 50.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Mary Held			Registration Number, if PAC	
Street Address 7135 Northmont Ct.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/19	Amount 100.00
City Blacklick	State OH <input type="checkbox"/>	Zip Code 43004	Form (Cash, Check, Etc) check	
Full Name of Contributor Nancy McGregor			Registration Number, if PAC	
Street Address 180 Academy Court	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	

\* 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 \$ 400.00