

Event Date	03/28/2019	Page 6

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

Form 31-E

Full Name of Committee		<del></del>				R.C. 3517.10(B)
Jadwin for Gahanna						
Full Name of Contributor			Registration Number, if PAC			
Donna Grube						:
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
127 Longview Ct.					03/28/2019	50.00
City		State	П	Zip Code	Form (Cash, Check, Etc	
St. Marys		он [	-	45885	check	Andrews (1994) (
Full Name of Contributor	····			·····	Registration Number, if PAC	
Nelson Cary						
Street Address	eet Address Employer/Occupation/Labor Organization*		on/Labor Organization*	Date (MM/DD/YYYY)	Amount	
4847 Chaddington Dr.					03/28/2019	150.00
City		State		Zip Code	Form (Cash, Check, Etc	The second of th
Dublin		он [	<b>-</b> ]	43017	check	
Full Name of Contributor			Registration Number, if PAC			
Karen Angelou						
Street Address	En	Employer/Occupation/Labor Organization*		on/Labor Organization*	Date (MM/DD/YYYY)	Amount
1081 Cannonade Ct.					03/28/2019	50.00
City		State		Zip Code	Form (Cash, Check, Etc	
Gahanna		ОН	7	43230	check	
Full Name of Contributor			Registration Number, if PAC			
Jeanne Gokcen						
Street Address	Er	mployer/Occ	upat	ion/Labor Organization	Date (MM/DD/YYYY)	Amount
474 Whitley Dr.					03/28/2019	200.00
City	<u> </u>	State		Zip Code	Form (Cash, Check, Etc	
Gahanna		он	-	43230	check	Service Control of the Control of th
Full Name of Contributor			Registration Number, if PAC			
Ann Connor						
Street Address	E	Employer/Occupation/Labor Organization		Date (MM/DD/YYYY)	Amount	
675 Jonsol Court					03/19/2019	1
City	L.	State	=	Zip Code	Form (Cash, Check, Etc	
Gahanna		ОН	₹	43230	check	The state of the s

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!	lame 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
İ			

Page Total \$	500.00	

name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]