



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

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

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|---|--|--------------------------|---|-------------------------|
| Full Name of Committee Jadwin for Gahanna | | | | |
| Full Name of Contributor Thomas Schneider | | | Registration Number, if PAC | |
| Street Address 790 Hawks Crest Lane | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 8/23/2019 | Amount 250.00 |
| City Blacklick | State OH | Zip Code 43230 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor SMDHLS Bonding Co LLC | | | Registration Number, if PAC | |
| Street Address 571 S. High Street | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 8/22/2019 | Amount 100.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor 7 contributors of \$25 or less | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 8/22/2019 | Amount 150.00 |
| City | State | Zip Code | Form (Cash, Check, Etc) cash | |
| Full Name of Contributor Glen Dugger | | | Registration Number, if PAC | |
| Street Address 37 W. Broad St. Ste. 460 | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 8/23/2019 | Amount 100.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State | Zip Code | Form (Cash, Check, Etc) | |

* 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 \$ 600.00