



**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 Timothy Pack			Registration Number, if PAC	
Street Address 1019 Ridge Crest Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/2019	Amount 75.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Elizabeth Burba			Registration Number, if PAC	
Street Address 384 Dunbarton Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/2019	Amount 50.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Malcolm Glasgow			Registration Number, if PAC	
Street Address 793 Lindenhaven Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/2019	Amount 50.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) check	
Full Name of Contributor Maureen Corcoran			Registration Number, if PAC	
Street Address 1202 Pond Hollow Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/2019	Amount 100.00
City New Albany	State OH <input type="checkbox"/>	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Jodelle Carder			Registration Number, if PAC	
Street Address 1312 Windtree Ct.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 3/28/2019	Amount 150.00
City New Albany	State OH <input type="checkbox"/>	Zip Code 43054	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 \$ 425.00