



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Jadwin for Gahanna				
Full Name of Contributor Jeff Carter			Registration Number, if PAC	
Street Address 151 Rivers Edge Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online/website
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/22/2019	Amount 50.00
Full Name of Contributor Bill Dutton			Registration Number, if PAC	
Street Address 1330 Bayboro		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online/website
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 09/22/2019	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]