



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	Registration Number, if PAC							
Kevin Dengel								
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount			
956 Cordero Lane				08/22/2019	25.00			
City		State	Zip Code	Form (Cash, Check, Etc	Marine Service Commission of the Commission of t			
Gahanna	ļ	ОН	43230	check	tra.			
Full Name of Contributor	•		<u></u>	Registration Number, if PAC	 A transport of the control of the cont			
Michele McClurg								
Street Address	Employe	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount			
935 Leaflock Ct.				08/22/2019	75.00			
City		State	Zip Code	Form (Cash, Check, Etc				
Gahanna		ОН	43230	check				
Full Name of Contributor	Registration Number, if PAC							
Dennis Murphy								
Street Address	Employer/Occupation/Labor Organization		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount			
1065 Cloverly Dr.				8/22/2019	100.00			
City		State	Zip Code	Form (Cash, Check, Etc				
Gahanna		ОН	43230	check				
Full Name of Contributor	Registration Number, if PAC							
Carrin Wester								
Street Address Employe		er/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount			
1132 Riva Ridge Blvd.	32 Riva Ridge Blvd.		8/22/2019	100.00				
City		State	Zip Code	Form (Cash, Check, Etc				
Gahanna		OH	43230	check				
Full Name of Contributor	Registration Number, if PAC							
Leslee Blake								
Street Address Employer/Occupation/Labor Organization		Date (MM/DD/YYYY)	Amount					
311 Sycamore Woods Lane				8/2282019	50.00			
City		State	Zip Code	Form (Cash, Check, Etc				
Gahanna		ОН	43230	check				
								

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	Contr	ibuti	ons T	his Eve	ent
	2	65	50,	00	

Total	Expenditures	This	Event

^{*} 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)]