



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Marshall Spalding				
Full Name of Contributor Marshall A. Spalding			Registration Number, if PAC	
Street Address 1940 Glenford Ct.		Employer/Occupation/Labor Organization* City of Reynoldsburg		Form (Cash, <u>Check</u>, etc.) 10023
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/11/2019	Amount \$5000.00
Full Name of Contributor Marshall A. Spalding			Registration Number, if PAC	
Street Address 1940 Glenford Ct		Employer/Occupation/Labor Organization* City of Reynoldsburg		Form (Cash, <u>Check</u>, etc.) 10015
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 01/22/2019	Amount \$45.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 OH	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)]

Page Total \$ 5045.00