



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

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

Full Name of Committee Spalding for New Albany				
Full Name of Contributor Jake Bame			Registration Number, if PAC	
Street Address 8259 Parsons Pass	Employer/Occupation/Labor Organization* The Noble Barron		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Check	
Full Name of Contributor Bill and Joann Barrett			Registration Number, if PAC	
Street Address 6 KESWICK COMMONS	Employer/Occupation/Labor Organization* Custom Design Benefits		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Sarah and Paul Briggs			Registration Number, if PAC	
Street Address 7691 Sutton Place	Employer/Occupation/Labor Organization* Dominion		Date (MM/DD/YYYY) 11/12/2019	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Colleen Brisco			Registration Number, if PAC	
Street Address 7582 S GOODRICH SQ	Employer/Occupation/Labor Organization* Attorney - self employed		Date (MM/DD/YYYY) 11/12/2019	Amount 150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Marlene Brisk			Registration Number, if PAC	
Street Address 8026 Loomis Dr	Employer/Occupation/Labor Organization* Schottenstein Property Group		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	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 \$ 1,050.00