



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 Mitch and Julie Given			Registration Number, if PAC	
Street Address 7520 James River Rd	Employer/Occupation/Labor Organization* M. Given Consulting		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 Joseph Golian			Registration Number, if PAC	
Street Address 5092 Whyte House Lane	Employer/Occupation/Labor Organization* Attorney - Dickie McCarney Chilc		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 David and Heather Goodman			Registration Number, if PAC	
Street Address 7726 Brandon Road	Employer/Occupation/Labor Organization* Two Labs		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Victor Goodman			Registration Number, if PAC	
Street Address 7482 King George Dr	Employer/Occupation/Labor Organization* Attorney - Benesch Frielander		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Steve and Sarah Greear			Registration Number, if PAC	
Street Address 5927 Upper Brema Ln.	Employer/Occupation/Labor Organization* Allstate		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 \$ 600.00