



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 David Paragas			Registration Number, if PAC	
Street Address 7207 ASHCOMBE	Employer/Occupation/Labor Organization* Barnes Thornburg		Date (MM/DD/YYYY) 11/12/2019	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc check	
Full Name of Contributor Chris and Heather Peirano			Registration Number, if PAC	
Street Address 8715 Riverside Place	Employer/Occupation/Labor Organization* Pickerington Schools		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, Etc check	
Full Name of Contributor Kathleen Perrine			Registration Number, if PAC	
Street Address 5525 New Albany Rd. W	Employer/Occupation/Labor Organization* Firefly Bistro		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 Dr Jennifer and Craig Richardson			Registration Number, if PAC	
Street Address 3834 Mann Road	Employer/Occupation/Labor Organization* Columbus Arthritis Center		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, Etc check	
Full Name of Contributor Peter Risch			Registration Number, if PAC	
Street Address 4449 Easton Way - STE 300	Employer/Occupation/Labor Organization* Morgan Stanley		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City Columbus	State OH	Zip Code 43219	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 \$ 800.00