



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 Tom and Jessica Morris			Registration Number, if PAC	
Street Address 5182 SETTLEMENT DR New Albany	Employer/Occupation/Labor Organization* CAPA		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 Greg Munster			Registration Number, if PAC	
Street Address 9835 Johnstown Road Suite 150	Employer/Occupation/Labor Organization* Munster Financial Group		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 Kevin and Elizabeth Murch			Registration Number, if PAC	
Street Address 7453 Ratchford Court	Employer/Occupation/Labor Organization* Perez and Morris LLC		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 Cherie Nelson			Registration Number, if PAC	
Street Address 10 Alban Mews	Employer/Occupation/Labor Organization* New Albany Chamber		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 Dr Erin Olah			Registration Number, if PAC	
Street Address 4178 BELMONT PL	Employer/Occupation/Labor Organization* Timeless Skin Solutions		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
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 \$ 1050.00