



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

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

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Full Name of Committee Citizens for Marshall A. Spalding				
Full Name of Contributor Mandy Young			Registration Number, if PAC	
Street Address 736 Lancaster Ave		Employer/Occupation/Labor Organization* Day care		Date (MM/DD/YYYY) 7-27-19
City Reynoldsburg		State OH	Zip Code 43068	Amount \$25.00
Full Name of Contributor Robert Varga			Registration Number, if PAC	
Street Address 1589 Souder Dr.		Employer/Occupation/Labor Organization* Ray School		Date (MM/DD/YYYY) 7-27-19
City Reynoldsburg		State OH	Zip Code 43068	Amount 50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State	Zip Code	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)]

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
1035.00

Total Expenditures This Event
0-

Total \$1035.00