



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 Kasey Kist			Registration Number, if PAC	
Street Address 4395 OLMSTED RD	Employer/Occupation/Labor Organization* Keystone Contractors		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 Jessica Kline			Registration Number, if PAC	
Street Address 486 Vista Drive	Employer/Occupation/Labor Organization* Smith's Mill Medical Center		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Ken Krebs			Registration Number, if PAC	
Street Address 7600 ALPATH RD	Employer/Occupation/Labor Organization* Rockbridge		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 Debra and Rob Lowery			Registration Number, if PAC	
Street Address 7042 MAYNARD PLACE	Employer/Occupation/Labor Organization* Consultant		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 Rebecca and Zee Mahmood			Registration Number, if PAC	
Street Address 1950 Glenford Court	Employer/Occupation/Labor Organization* Red Roof		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City Reynoldsburg	State OH	Zip Code 43068	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 \$ 700.00