



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 Aaron Russell			Registration Number, if PAC	
Street Address 7747 Sutton Place	Employer/Occupation/Labor Organization* AEP		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 Hans Schell			Registration Number, if PAC	
Street Address 3960 FARBER CT	Employer/Occupation/Labor Organization* State Farm		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. Gregory and Adrianna Searcy			Registration Number, if PAC	
Street Address 7368 Lambton Park Rd	Employer/Occupation/Labor Organization* Erdey Search Eye 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 Matt and Vickey Shull			Registration Number, if PAC	
Street Address 4100 Audley RD	Employer/Occupation/Labor Organization* Pfizer		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 Dr. Andrew and Sue Skasko			Registration Number, if PAC	
Street Address 7591 Brandon Road	Employer/Occupation/Labor Organization* Elite Dental		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