



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 Alan and Lisa Hinson			Registration Number, if PAC	
Street Address 7518 Ogden Woods Boulevard	Employer/Occupation/Labor Organization* Hinson LTD		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 Charlene Hinson			Registration Number, if PAC	
Street Address 4520 Kitzmiller	Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	Zip Code 43082	Form (Cash, Check, Etc) check	
Full Name of Contributor Jon Iten			Registration Number, if PAC	
Street Address 7248 LONDON LN	Employer/Occupation/Labor Organization* Attorney - retired		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 Abe Jacobs			Registration Number, if PAC	
Street Address 5962 Seager Drive	Employer/Occupation/Labor Organization* Kallner and Associates		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Kristina Jenny			Registration Number, if PAC	
Street Address 5013 STRAITS LINK	Employer/Occupation/Labor Organization* community volunteer		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Square 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 \$ 950.00