



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 Steve Hicks			Registration Number, if PAC	
Street Address 1481 Lancaster Ave	Employer/Occupation/Labor Organization* Builder	Date (MM/DD/YYYY) 7-27-19	Amount \$100.00	
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) 103	
Full Name of Contributor Queiana Hill			Registration Number, if PAC	
Street Address 3234 Bonus Dr.	Employer/Occupation/Labor Organization* Our Father's House Church	Date (MM/DD/YYYY) 7-27-19	Amount \$50.00	
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, Etc) PayPal	
Full Name of Contributor Minnie Green			Registration Number, if PAC	
Street Address 3357 Suffield Dr.	Employer/Occupation/Labor Organization* Child care	Date (MM/DD/YYYY) 7-27-19	Amount \$50.00	
City Columbus	State OH	Zip Code 43207 43232	Form (Cash, Check, Etc)	
Full Name of Contributor Liyasah Lane			Registration Number, if PAC	
Street Address 2818 Raphael Dr.	Employer/Occupation/Labor Organization* Our Father's House Church	Date (MM/DD/YYYY) 7-27-19	Amount \$50.00	
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, Etc)	
Full Name of Contributor Doug Joseph			Registration Number, if PAC	
Street Address 9250 Higgins Lane	Employer/Occupation/Labor Organization* Ray. Corniel	Date (MM/DD/YYYY) 7-27-19	Amount \$200.00	
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) 2224	

* 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

0.00

1035.00