



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 Bonnie Burman			Registration Number, if PAC	
Street Address 7795 STRAITS LN	Employer/Occupation/Labor Organization* retired		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 Ron Cadieux			Registration Number, if PAC	
Street Address 7810 Ackerly Loop	Employer/Occupation/Labor Organization* The Raines Group - HER		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 Roger Clemants			Registration Number, if PAC	
Street Address 3685 PRESTWOULD CLOSE	Employer/Occupation/Labor Organization* Wipro		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 Collin Daley			Registration Number, if PAC	
Street Address 3961 Farber Ct.	Employer/Occupation/Labor Organization* Bob Evans Foods		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 Tenielle and Bob Comerford			Registration Number, if PAC	
Street Address 7163 FODOR RD	Employer/Occupation/Labor Organization* LiveVox		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 \$ 750.00