



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Spalding for New Albany				
Full Name of Contributor Sean Dunn			Registration Number, if PAC	
Street Address 6057 JOHNSTOWN RD	Employer/Occupation/Labor Organization* Sean Dunn and Associates		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 Wiliam and Tamar Ebbing			Registration Number, if PAC	
Street Address 35 Ealy Crossing N	Employer/Occupation/Labor Organization* NACO		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 David and Kristi Epstein			Registration Number, if PAC	
Street Address 7155 ASHCOMBE CT	Employer/Occupation/Labor Organization* Ohio Health		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 Joseph and Stacie Erb			Registration Number, if PAC	
Street Address 7116 TUMBLEBROOK DR	Employer/Occupation/Labor Organization* Strategic Public Partners		Date (MM/DD/YYYY) 11/12/2019	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Sherry and Jay Fee			Registration Number, if PAC	
Street Address 4056 James River Rd.	Employer/Occupation/Labor Organization* In Ocean Group LLC		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 \$ 1,500.00