



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 Brad Fischer			Registration Number, if PAC	
Street Address 4165 E SUDBROOK SQ	Employer/Occupation/Labor Organization* Aetna		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 Meredith Freedhoff			Registration Number, if PAC	
Street Address 4001 Westbury	Employer/Occupation/Labor Organization*		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 Scott Friedman			Registration Number, if PAC	
Street Address 7706 Sutton Place	Employer/Occupation/Labor Organization* Attorney - Friedman and Mirman		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 Everett and Rebecca Gallagher			Registration Number, if PAC	
Street Address 7568 S. Goodrich Square	Employer/Occupation/Labor Organization* Abercrombie & Fitch		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 John and Heather Garner			Registration Number, if PAC	
Street Address 5927 Upper Brema Ln.	Employer/Occupation/Labor Organization* Hexion		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 \$ 1,100.00