



# 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				
<b>Full Name of Contributor</b> Dr Jeffrey Angart			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 12 Early Crossing South		<b>Employer/Occupation/Labor Organization*</b> Self employed dentist		<b>Date (MM/DD/YYYY)</b> 11/12/2019
<b>Amount</b> \$150.00				
<b>City</b> New Albany		<b>State</b> OH	<b>Zip Code</b> 43054	<b>Form (Cash, Check, Etc)</b> Check
<b>Full Name of Contributor</b> John Archer			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4703 Yantis Drive		<b>Employer/Occupation/Labor Organization*</b> Kent Watersports		<b>Date (MM/DD/YYYY)</b> 11/12/2019
<b>Amount</b> \$100.00				
<b>City</b> New Albany		<b>State</b> OH	<b>Zip Code</b> 43054	<b>Form (Cash, Check, Etc)</b> check
<b>Full Name of Contributor</b> Christy Arenschield			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 4267 Vaux Link		<b>Employer/Occupation/Labor Organization*</b> homemaker - volunteer		<b>Date (MM/DD/YYYY)</b> 11/12/2019
<b>Amount</b> 150.00				
<b>City</b> New Albany		<b>State</b> OH	<b>Zip Code</b> 43054	<b>Form (Cash, Check, Etc)</b> check
<b>Full Name of Contributor</b> David Aronowitz			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 478 MEDITATION LN		<b>Employer/Occupation/Labor Organization*</b> Attorney - Flowr Corporation		<b>Date (MM/DD/YYYY)</b> 11/12/2019
<b>Amount</b> 100.00				
<b>City</b> Columbus		<b>State</b> OH	<b>Zip Code</b> 43235	<b>Form (Cash, Check, Etc)</b> check
<b>Full Name of Contributor</b> Brian Bailey			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 11231 Johnstown Rd		<b>Employer/Occupation/Labor Organization*</b> Rock Fork Company		<b>Date (MM/DD/YYYY)</b> 11/12/2019
<b>Amount</b> 100.00				
<b>City</b> New Albany		<b>State</b> OH	<b>Zip Code</b> 43054	<b>Form (Cash, Check, Etc)</b> 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

\$ 23,150.00

Total Expenditures This Event

\$ 4,066.03

Page Total \$ 600.00