



2nd Report
**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 Bobby Mitchell			Registration Number, if PAC	
Street Address 9329 Hocking Run		Employer/Occupation/Labor Organization* Pastor		Date (MM/DD/YYYY) 7-27-19
City Canal Winchester		State OH	Zip Code 43110	Amount \$250.00
Form (Cash, Check, Etc) 166				
Full Name of Contributor Joe Bizjak			Registration Number, if PAC	
Street Address 7950 Tributary Lane		Employer/Occupation/Labor Organization* Republican Party		Date (MM/DD/YYYY) 7-27-19
City Reynoldsburg OH		State OH	Zip Code 43068	Amount \$60.00
Form (Cash, Check, Etc)				
Full Name of Contributor Chloe Green			Registration Number, if PAC	
Street Address 3357 Suffield Dr.		Employer/Occupation/Labor Organization* Secretary		Date (MM/DD/YYYY) 7-27-19
City Columbus OH		State OH	Zip Code 43207	Amount \$50.00
Form (Cash, Check, Etc)				
Full Name of Contributor Michelle Reynolds			Registration Number, if PAC	
Street Address 730 Rosemount		Employer/Occupation/Labor Organization* State of Ohio		Date (MM/DD/YYYY) 7-27-19
City Canal Winchester		State OH	Zip Code 43110	Amount \$100.00
Form (Cash, Check, Etc) Columbus				
Full Name of Contributor Tia Ramey			Registration Number, if PAC	
Street Address 8761 Linick Dr.		Employer/Occupation/Labor Organization* State of Ohio		Date (MM/DD/YYYY) 7-27-19
City Reynoldsburg		State OH	Zip Code 43068	Amount \$50.00
Form (Cash, Check, Etc) PayPal				

* 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