



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 Chris and Andrew Kaighn			Registration Number, if PAC	
Street Address 4549 ACKERLY FARM RD	Employer/Occupation/Labor Organization* Justice		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 Ian and Debra Kalinosky			Registration Number, if PAC	
Street Address 12 Wiveliscombe	Employer/Occupation/Labor Organization* KDC		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 Matthew Kallner - G Town State PAC			Registration Number, if PAC C00382432	
Street Address 88 East Broad Street - STE 1230	Employer/Occupation/Labor Organization* Kallner and Associates		Date (MM/DD/YYYY) 11/12/2019	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Ron Kendle			Registration Number, if PAC	
Street Address 8899 GRATE PARK SQ	Employer/Occupation/Labor Organization* ReMax		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 John and Charlotte Kessler			Registration Number, if PAC	
Street Address 4 BOTTOMLEY CRESCENT RD	Employer/Occupation/Labor Organization* New Albany Realty		Date (MM/DD/YYYY) 11/12/2019	Amount \$500.00
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 \$ 1600.00