



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 Mac and Maria Mac Donald			Registration Number, if PAC	
Street Address 7273 Berkley Square South	Employer/Occupation/Labor Organization* Red Roof Inns		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 Andy and Allie Meeting			Registration Number, if PAC	
Street Address 7760 SUTTON PL	Employer/Occupation/Labor Organization* LBrands		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 Dr Jeffrey and Deborah Milks			Registration Number, if PAC	
Street Address 5121 Forest Dr., Ste. D	Employer/Occupation/Labor Organization* Personal M.D.		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 Lori and Ed Miller			Registration Number, if PAC	
Street Address 1041 Egret Court	Employer/Occupation/Labor Organization* Exhibit Pro		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, Etc) check	
Full Name of Contributor Dr Kate Deans and Dr Peter Minneci			Registration Number, if PAC	
Street Address 4683 Yantis Drive	Employer/Occupation/Labor Organization* Nationwide Children's Hospital		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 \$ 1100.00