

**JON HUSTED**

Ohio Secretary of State



Campaign Finance | (614) 466-3111  
 www.OhioSecretaryofState.gov  
 cfinance@OhioSecretaryofState.gov

07/20/2017 MM/DD/YYYY Page 1

# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
 R.C. 3517.10(B)

Full Name of Committee Citizens to Keep Briscoe, Fellows, Marsh & Shull				
Full Name of Contributor Sloan Spalding			Registration Number, if PAC	
Street Address 7735 Sutton Pl.	Employer/Occupation/Labor Organization*		07/20/2017 MM/DD/YYYY	Amount 100 <sup>00</sup>
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Check	
Full Name of Contributor William Ebbing			Registration Number, if PAC	
Street Address 35 Ealy Crossing	Employer/Occupation/Labor Organization*		07/20/2017 MM/DD/YYYY	Amount 100 <sup>00</sup>
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) check	
Full Name of Contributor Aneey Cole			Registration Number, if PAC	
Street Address 7232 New Albany Links Dr	Employer/Occupation/Labor Organization*		07/20/2017 MM/DD/YYYY	Amount 100 <sup>00</sup>
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Amy Bowling			Registration Number, if PAC	
Street Address 4895 Yantis Dr	Employer/Occupation/Labor Organization*		07/20/2017 MM/DD/YYYY	Amount 50 <sup>00</sup>
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Christopher Munphy			Registration Number, if PAC	
Street Address 8693 Belworth Sq	Employer/Occupation/Labor Organization*		07/20/2017 MM/DD/YYYY	Amount 50 <sup>00</sup>
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

1,587

Total Expenditures This Event

1,043.67

Page Total \$ 400