



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

| | | | |
|--|--|---|---|
| Full Name of Committee Spalding for New Albany | | | |
| Full Name of Contributor Sloan T. Spalding | | Registration Number, if PAC N/A | |
| Street Address 7735 Sutton Place | Type* Loan Payments Received | Date (MM/DD/YYYY) 08/06/2019 | Form (Cash, Check, etc.) cash |
| City New Albany | State OH | Zip Code 43054 | Amount 1,000.00 |
| Full Name of Contributor Sloan T. Spalding | | Registration Number, if PAC N/A | |
| Street Address 7735 Sutton Place | Type* Loan Payments Received | Date (MM/DD/YYYY) 09/30/2019 | Form (Cash, Check, etc.) cash |
| City New Albany | State OH | Zip Code 43054 | Amount 300.00 |
| Full Name of Contributor Sloan T. Spalding | | Registration Number, if PAC N/A | |
| Street Address 7735 Sutton Place | Type* Loan Payments Received | Date (MM/DD/YYYY) 10/17/2019 | Form (Cash, Check, etc.) cash |
| City New Albany | State OH | Zip Code 43054 | Amount 1,000.00 |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Type* Refund | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Amount |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Type* Refund | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Amount |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.