



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 Lee Smith			Registration Number, if PAC	
Street Address 929 Harrison Ave	Employer/Occupation/Labor Organization* Attorney - Lee Smith and Assoc		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Kirk Smith			Registration Number, if PAC	
Street Address 6830 CENTRAL COLLEGE RD	Employer/Occupation/Labor Organization* Nationwide Insurance		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 Lynne Smith			Registration Number, if PAC	
Street Address 7809 Lambton Park Rd	Employer/Occupation/Labor Organization* community volunteer		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc check	
Full Name of Contributor Melinda Snyder			Registration Number, if PAC	
Street Address 5600 Morse Road	Employer/Occupation/Labor Organization* Singing Frog Farm		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc check	
Full Name of Contributor Dr. Chance and Erin Spalding			Registration Number, if PAC	
Street Address 4737 Yantis	Employer/Occupation/Labor Organization* Ohio Health		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 \$ 950.00