



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 Ben Hemmert			Registration Number, if PAC	
Street Address 3763 PRESTWOULD CLOSE	Employer/Occupation/Labor Organization* HER Realtors		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 Jill Beckett Hill			Registration Number, if PAC	
Street Address 3560 HEAD OF POND RD	Employer/Occupation/Labor Organization* The Beckett Group		Date (MM/DD/YYYY) 11/12/2019	Amount \$150.00
City New Albany	State OH	Zip Code 43082	Form (Cash, Check, Etc) check	
Full Name of Contributor Thomas Hill			Registration Number, if PAC	
Street Address 7 Wiveliscombe	Employer/Occupation/Labor Organization* Attorney - Kegler Brown		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 Dan Hilson			Registration Number, if PAC	
Street Address 41 South High Street - 21st Floor	Employer/Occupation/Labor Organization* Attorney - Roetzel Andres		Date (MM/DD/YYYY) 11/12/2019	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Cindy and Larry Hilsheimer			Registration Number, if PAC	
Street Address 7278 LAMBTON PARK RD	Employer/Occupation/Labor Organization* Beecher Hill		Date (MM/DD/YYYY) 11/12/2019	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Square	

* 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 \$ 1,050.00