

WALBACE

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

Prescribed by Secretary of State 03/05

Event Date 10/2/09
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Name of Committee in Full				
UNITTE FOR ALBRIGHT				
Full Name of Contributor			Registration Number, if PAC	
Neil ELAM, D.D.S.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5945 GRANT RUN PLACE		1	0	3
City	State	Zip Code	Form (Cash, Check, etc.)	
GROVE CT	OH	43123	100 ⁰⁰	
Full Name of Contributor			Registration Number, if PAC	
Kenneth H. STAMMER, JR.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2392 KITTEL CT.		1	0	3
City	State	Zip Code	Form (Cash, Check, etc.)	
GROVE CITY	OH	43123	50 ⁰⁰	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

* 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

590.00

Total expenditures this event

0.00

Page Total \$

150.00