

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

Prescribed by Secretary of State 03/05

Event Date 10/2/09Page 12

| | | | | |
|---|---|--------------------------|-----------------------------|-----------------------------------|
| Name of Committee in Full UNITED FOR ALBRIGHT | | | | |
| Full Name of Contributor Michael Lilly | | | Registration Number, if PAC | |
| Street Address 2398 ZINEQ CIR. S. | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City Grove City | State OH | Zip Code 43123 | Y 09 | Amount 40⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |
| Full Name of Contributor Linda D. Swearingen | | | Registration Number, if PAC | |
| Street Address 2303 Milligan Grove | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City GROVE CITY | State OH | Zip Code 43123 | Y 09 | Amount 50⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |
| Full Name of Contributor DAVID A. ROASA | | | Registration Number, if PAC | |
| Street Address 2407 MARTHA'S Woods | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City Grove City | State OH | Zip Code 43123 | Y 09 | Amount 100⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |
| Full Name of Contributor YEOW-LONG SHYU | | | Registration Number, if PAC | |
| Street Address 1947 Stoughton Rd | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City Grove City | State OH | Zip Code 43123 | Y 09 | Amount 50⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |
| Full Name of Contributor JOYCE B. WALLACE | | | Registration Number, if PAC | |
| Street Address 5782 RAINE CREEK DR | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City Grove City | State OH | Zip Code 43123 | Y 09 | Amount 50⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |
| Full Name of Contributor Constance A. TILLER | | | Registration Number, if PAC | |
| Street Address 4238 BROADWAY | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City GROVE CITY | State OH | Zip Code 43123 | Y 09 | Amount 100⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |
| Full Name of Contributor DEBRA HAUGHN | | | Registration Number, if PAC | |
| Street Address 3887 ORCHARD LANE | Employer/Occupation/Labor Organization* | | M 10 | D 03 |
| City GROVE CITY | State OH | Zip Code 43123 | Y 09 | Amount 50⁰⁰ |
| Form (Cash, Check, etc.) ck | | | | |

* 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

| |
|---------------------------|
| 1,400⁰⁰ |
|---------------------------|

Total expenditures this event

| |
|-----------------------|
| 0⁰⁰ |
|-----------------------|

Page Total \$

440⁰⁰