

DUBO

Event Date

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
UNITIE FOR ALBRIGHT							
Full Name of Contributor				Registration Number, if PAC			
SALLY J. McAY							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
4753 St. Andrews Dr		1	0	2	0	9	50.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				
Full Name of Contributor				Registration Number, if PAC			
Linda D. Swearingen							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2303 Milligan Grove		1	0	2	0	9	100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				
Full Name of Contributor				Registration Number, if PAC			
Deborah J. Gouzza							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1700 Dyer Road		1	0	2	0	9	100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				
Full Name of Contributor				Registration Number, if PAC			
Jacquie Roach							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2426 Horton Road		1	0	2	0	9	100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				
Full Name of Contributor				Registration Number, if PAC			
Valerie Stynchola							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
3135 Anglin Dr		1	0	2	0	9	60.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				
Full Name of Contributor				Registration Number, if PAC			
Randall C. Mosher							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1118 Cornustie Cir.		1	0	2	0	9	50.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				
Full Name of Contributor				Registration Number, if PAC			
Trudy A. Fout							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1283 White Road		1	0	2	0	9	100.00
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	dc				

* 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

50.00

Total expenditures this event.

0.00

Page Total \$

560.00