

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

Prescribed by Secretary of State 03/05

Event Date 9/27/09
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Name of Committee in Full				Registration Number, if PAC			
UNITE FOR ALBRIGHT							
Full Name of Contributor				Registration Number, if PAC			
CONSTANCE D. PARDETT							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
6211 Beaver Lake Dr.		09	27	09	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	ck				
Full Name of Contributor				Registration Number, if PAC			
JEAN M. BLOQUIN							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
3626 Brook Springs Dr.		09	27	09	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
GROVE CITY	OH	43123	ck				
Full Name of Contributor				Registration Number, if PAC			
GARY L. LEASURE							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2485 Milligan Grove		09	27	09	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	ck				
Full Name of Contributor				Registration Number, if PAC			
Sherry L. Albright							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
50 Front St.		09	27	09	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
ORIENT	OH	43146	ck				
Full Name of Contributor				Registration Number, if PAC			
Nathan E. Hord							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1863 Autumn Wind Dr.		09	27	09	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	ck				
Full Name of Contributor				Registration Number, if PAC			
Sandra L. LARGAK							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
3323 Park St.		09	27	09	100.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	ck				
Full Name of Contributor				Registration Number, if PAC			
BETH A. COTTON							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
6268 Moore Ave.		09	27	09	25.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Grove City	OH	43123	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

2500

Total expenditures this event.

0.00

Page Total \$

375.00