

11/20/04

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			
UNITE FOR ALBRIGAT							
Full Name of Contributor Kacie Rouch				Registration Number, if PAC			
Street Address 4059 Broadway		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Grove City		State OH	Zip Code 43123	09	27	04	50.00
Form (Cash, Check, etc.) ck							
Full Name of Contributor Cindy A. Casperello				Registration Number, if PAC			
Street Address 2101 Mayflower Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Grove City		State OH	Zip Code 43123	09	27	04	50.00
Form (Cash, Check, etc.) ck							
Full Name of Contributor John Owen				Registration Number, if PAC			
Street Address 1710 Stony Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Grove City		State OH	Zip Code 43123	09	27	04	100.00
Form (Cash, Check, etc.) ck							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
Form (Cash, Check, etc.)							

* 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
\$75.00

Total expenditures this event
7200

Page Total \$ 200.00