31-E
R.C. 3517.10(B)

Statement of Contributions Received
at a Social or Fund-Raising Event
Prescribed by Secretary of State 03/05

Name of Committee in Full
UNITE FOR ALBRIGHT

Full Name of Contributor		Registration Number, if PAC				
Sue Phillips						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3961 1st Street		09	06	09	50ᵒᵒ

City	State	Zip Code	Form (Cash, Check, etc.)
GROVE CITY	OH	43123	ck

Full Name of Contributor		Registration Number, if PAC				

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

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Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

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City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

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	OH		

Full Name of Contributor		Registration Number, if PAC				

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount

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	Total expenditures this event.	
370.00	494.69	Page Total $ 50ᵒᵒ