

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

Prescribed by Secretary of State 03/05

Event Date 10/22/09

Page 4 3

Name of Committee in Full UNIT FOR ALBRIGHT				
Full Name of Contributor LYAN P. STITZLEIN			Registration Number, if PAC	
Street Address 1521 Tuscarora Dr.	Employer/Occupation/Labor Organization*		M D Y 10 22 09	Amount 100 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor Cheryl A. WERNER			Registration Number, if PAC	
Street Address 4809 St Andrews Dr.	Employer/Occupation/Labor Organization*		M D Y 10 22 09	Amount 30 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor K. Susan Carbin			Registration Number, if PAC	
Street Address 4460 Hoover Rd	Employer/Occupation/Labor Organization*		M D Y 10 22 09	Amount 250 ⁰⁰
City Grove City	State OH	Zip Code 43123	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

1610⁰⁰

Total expenditures this event.

—

Page Total \$

3800⁰⁰