

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

Prescribed by Secretary of State 03/05

Event Date	7/16/09
Page	A

Purdue 03

Name of Committee in Full UNITE FOR ALBRIGHT				
Full Name of Contributor Frederick Richard Smith			Registration Number, if PAC	
Street Address 3040 McKinley Ave	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) ck	Amount 1,000 <sup>00</sup>
Full Name of Contributor RENE E. Williams			Registration Number, if PAC	
Street Address 4308 Hoover Rd	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	Amount 100 <sup>00</sup>
Full Name of Contributor LISA D. Dubois			Registration Number, if PAC	
Street Address 1048 Pinnacle Club Dr	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	Amount 250 <sup>00</sup>
Full Name of Contributor Christine A. Alonso			Registration Number, if PAC	
Street Address 6671 Dorby Road	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Circleville	State OH	Zip Code 43113	Form (Cash, Check, etc.) ck	Amount 100 <sup>00</sup>
Full Name of Contributor Grant J. Miller			Registration Number, if PAC	
Street Address 2292 Ravine Woods Dr	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	Amount 50 <sup>00</sup>
Full Name of Contributor JUDITH A. Molino			Registration Number, if PAC	
Street Address 1 Miranova Pl # 1105	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) ck	Amount 100 <sup>00</sup>
Full Name of Contributor Randall A. Boislard			Registration Number, if PAC	
Street Address 3178 Rankin Ct	Employer/Occupation/Labor Organization*	M 07	D 16	Y 09
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	Amount 100 <sup>00</sup>

\* 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

\$0.00
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Total expenditures this event

\$0.00
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Page Total \$ 1,700<sup>00</sup>