

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

Prescribed by Secretary of State 03/05

 7/16/09
 5
 Pinnacle

Name of Committee in Full UNITIE FOR ALBRIGHT				
Full Name of Contributor ANNABELLE ROBINSON			Registration Number, if PAC	
Street Address 2315 Millican Grove	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 200 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor Susan E. Rogers			Registration Number, if PAC	
Street Address 4898 W. W. Highway	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 100 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor Sally M. Ruffing			Registration Number, if PAC	
Street Address 2460 Dextford Dr	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 100 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor Douglas C. Wallace			Registration Number, if PAC	
Street Address 5942 Grand Run Pl	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 50 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor Cynthia Rock			Registration Number, if PAC	
Street Address 4565 Hillside Road	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 150 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor Dawn M. Reichard, Jr			Registration Number, if PAC	
Street Address 2427 Martins Woods	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 100 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) ck	
Full Name of Contributor DAVID A. ROOSA			Registration Number, if PAC	
Street Address 2407 Martins Woods	Employer/Occupation/Labor Organization*		M D Y 07/16/09	Amount 100 ⁰⁰
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event

0.00

Page Total \$

 300⁰⁰