

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

Prescribed by Secretary of State 03/05

Event Date 9/6/09  
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Name of Committee in Full <b>UNITED FOR ALBRIGHT</b>				
Full Name of Contributor <b>Susan E. ROGERS</b>			Registration Number, if PAC	
Street Address <b>4898 Morning Light Ct.</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>50<sup>00</sup></b>
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>ck</b>	
Full Name of Contributor <b>Desiree R. Ruppberg</b>			Registration Number, if PAC	
Street Address <b>2123 Prosser Dr.</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>45<sup>00</sup></b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>ck</b>	
Full Name of Contributor <b>James Albright</b>			Registration Number, if PAC	
Street Address <b>4888 Morning Light St</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>45<sup>00</sup></b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>ck</b>	
Full Name of Contributor <b>NATHAN E. HUE</b>			Registration Number, if PAC	
Street Address <b>1863 Autumn Wind Dr</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>100<sup>00</sup></b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>ck</b>	
Full Name of Contributor <b>ANGELA L. BOYCE</b>			Registration Number, if PAC	
Street Address <b>1380 Wild Horse Drive</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>15<sup>00</sup></b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>ck</b>	
Full Name of Contributor <b>KECIA L. GRIES</b>			Registration Number, if PAC	
Street Address <b>1385 Great Hunter Ct.</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>15<sup>00</sup></b>
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>ck</b>	
Full Name of Contributor <b>Sherry L. Albright</b>			Registration Number, if PAC	
Street Address <b>50 FRONT ST</b>	Employer/Occupation/Labor Organization*		M <u>09</u> D <u>06</u> Y <u>09</u>	Amount <b>50<sup>00</sup></b>
City <b>ORIENT</b>	State <b>OH</b>	Zip Code <b>43146</b>	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

<b>320<sup>00</sup></b>
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Total expenditures this event.

<b>0<sup>00</sup></b>
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Page Total \$

**320<sup>00</sup>**