

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

Prescribed by Secretary of State 03/05

Event Date

Page

Name of Committee in Full UNITE For Albright				
Full Name of Contributor NATHAN E. HORD			Registration Number, if PAC	
Street Address 1863 Autumn Wind Dr	Employer/Occupation/Labor Organization*		M 07	D 16
City Grove City	State OH	Zip Code 43123	Y 09	Amount 200 ⁰⁰
Form (Cash, Check, etc.) ck				
Full Name of Contributor Thomas H. Hageman			Registration Number, if PAC	
Street Address 4895 Morning Light Dr	Employer/Occupation/Labor Organization*		M 07	D 16
City Grove City	State OH	Zip Code 43123	Y 09	Amount 50 ⁰⁰
Form (Cash, Check, etc.) ck				
Full Name of Contributor Deborah J. Guzzo			Registration Number, if PAC	
Street Address 1700 Dyer Road	Employer/Occupation/Labor Organization*		M 07	D 16
City Grove City	State OH	Zip Code 43123	Y 09	Amount 100 ⁰⁰
Form (Cash, Check, etc.) ck				
Full Name of Contributor Karen S. Evans			Registration Number, if PAC	
Street Address 2464 Martha's Wood	Employer/Occupation/Labor Organization*		M 07	D 16
City Grove City	State OH	Zip Code 43123	Y 09	Amount 150 ⁰⁰
Form (Cash, Check, etc.) ck				
Full Name of Contributor Steve W. Bauermeister			Registration Number, if PAC	
Street Address 2044 Running Creek Rd	Employer/Occupation/Labor Organization*		M 07	D 16
City Grove City	State OH	Zip Code 43123	Y 09	Amount 50 ⁰⁰
Form (Cash, Check, etc.) ck				
Full Name of Contributor YEOU-Long Shyo			Registration Number, if PAC	
Street Address 1947 Stroutwood Rd	Employer/Occupation/Labor Organization*		M 07	D 16
City Grove City	State OH	Zip Code 43123	Y 09	Amount 50 ⁰⁰
Form (Cash, Check, etc.) ck				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
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

3750.00

Total expenditures this event.

1480.00

Page Total \$

600.00