

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

Prescribed by Secretary of State 03/05

Event Date 7/16/09Page 6
Pinnacle

Name of Committee in Full UNITED FOR ALBRIGHT				
Full Name of Contributor GINA VEHORN			Registration Number, if PAC	
Street Address 4918 Morning Light Ct	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 Phyllis Vehorn			Registration Number, if PAC	
Street Address 4918 Morning Light Ct	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 SHERRY L. Albright			Registration Number, if PAC	
Street Address 50 Front St.	Employer/Occupation/Labor Organization*		M 07	D 16
City ORIENT	State OH	Zip Code 43146	Y 09	Amount 150.00
Form (Cash, Check, etc.) ck				
Full Name of Contributor Bill Plank			Registration Number, if PAC	
Street Address 5341 Haven Road	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 TANI S. MANN			Registration Number, if PAC	
Street Address 5800 Cone Run Dr.	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 Tonya M. Kreml			Registration Number, if PAC	
Street Address 4908 Morning Light Ct	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 Jill L. McFarland			Registration Number, if PAC	
Street Address 49 Brenton Dr	Employer/Occupation/Labor Organization*		M 07	D 16
City Ashtville	State OH	Zip Code 43103	Y 09	Amount 100.00
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

\$650.00

Total expenditures this event.

0.00

Page Total \$

650.00

650