

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|--------------------|--------------------------|---|----------------|----------------|--|------------------------------------|--|
| Name of Committee in Full UNITE FOR ALBRIGHT | | | | | | | | | |
| Full Name of Contributor Citizens for General Crossman | | | | | | | Registration Number, if PAC | | |
| Street Address 865 MACON ALLEY | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) etc | | |
| City Columbus | | State OH | Zip Code 43206 | | M 10 | D 15 | Y 09 | Amount 50⁰⁰ | |
| Full Name of Contributor Christopher H. Chilton | | | | | | | Registration Number, if PAC | | |
| Street Address 4895 Morninglight Ct. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) etc | | |
| City Grove City | | State OH | Zip Code 43123 | | M 10 | D 15 | Y 09 | Amount 50⁰⁰ | |
| Full Name of Contributor Catherine B. Growell | | | | | | | Registration Number, if PAC | | |
| Street Address 6026 Winnetka St. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) etc | | |
| City Grove City | | State OH | Zip Code 43123 | | M 10 | D 15 | Y 09 | Amount 100⁰⁰ | |
| Full Name of Contributor Douglas P. Mayr | | | | | | | Registration Number, if PAC | | |
| Street Address 6607 BALLANTYNE PI | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) etc | | |
| City Dublin | | State OH | Zip Code 43016 | | M 10 | D 21 | Y 08 | Amount 250⁰⁰ | |
| Full Name of Contributor Daniel L. Langenette | | | | | | | Registration Number, if PAC | | |
| Street Address 155 S Hiner Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) etc | | |
| City ORIENT | | State OH | Zip Code 43146 | | M 10 | D 21 | Y 08 | Amount 100⁰⁰ | |
| Full Name of Contributor Contributions from Form 31E | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) etc | | |
| City | | State OH | Zip Code | | M 10 | D 22 | Y 09 | Amount 1610⁰⁰ | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |

* 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)]