

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

*Pinnacle*

|  |  |                    |                          |  |  |                             |           |           |                           |
|--|--|--------------------|--------------------------|--|--|-----------------------------|-----------|-----------|---------------------------|
| Name of Committee in Full<br><u>UNITE FOR ALBRIGHT</u> |  |                    |                          |  |  |                             |           |           |                           |
| To Whom Paid<br><u>Melissa Albright</u>                |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address<br><u>4888 Morninglight Ct.</u>                |  |                    |                          |  |  | <u>07</u>                   | <u>20</u> | <u>09</u> | <u>11971</u>              |
| City<br><u>Grove Ctr.</u>                              |  | State<br><u>OH</u> | Zip Code<br><u>43123</u> | Purpose<br><u>Reimburse for stamps, envelope, labels</u> |  | Check Number<br><u>1002</u> |           |           |                           |
| To Whom Paid<br><u>Pinnacle Golf Club</u>              |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address<br><u>1500 Pinnacle Club Drive</u>             |  |                    |                          |  |  | <u>07</u>                   | <u>20</u> | <u>09</u> | <u>1,200<sup>00</sup></u> |
| City<br><u>Grove City</u>                              |  | State<br><u>OH</u> | Zip Code<br><u>43123</u> | Purpose<br><u>Food &amp; Beverage for Fund RAISER</u>    |  | Check Number<br><u>1004</u> |           |           |                           |
| To Whom Paid<br><u>ALBRIGHT GRAPHIC DESIGN</u>         |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address<br><u>6250 Seeds Road</u>                      |  |                    |                          |  |  | <u>07</u>                   | <u>20</u> | <u>09</u> | <u>109<sup>95</sup></u>   |
| City<br><u>Grove City</u>                              |  | State<br><u>OH</u> | Zip Code<br><u>43123</u> | Purpose<br><u>Invitations/Envelopes</u>                  |  | Check Number<br><u>1006</u> |           |           |                           |
| To Whom Paid<br><u>ALBRIGHT GRAPHIC DESIGN</u>         |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address<br><u>6250 Seeds Road</u>                      |  |                    |                          |  |  | <u>07</u>                   | <u>20</u> | <u>09</u> | <u>57<sup>12</sup></u>    |
| City<br><u>Grove City</u>                              |  | State<br><u>OH</u> | Zip Code<br><u>43123</u> | Purpose<br><u>Thankyou Cards</u>                         |  | Check Number<br><u>1008</u> |           |           |                           |
| To Whom Paid   |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address  |  |                    |                          |  |  |                             |           |           |                           |
| City   |  | State<br><u>OH</u> | Zip Code                 | Purpose  |  | Check Number                |           |           |                           |
| To Whom Paid   |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address  |  |                    |                          |  |  |                             |           |           |                           |
| City   |  | State<br><u>OH</u> | Zip Code                 | Purpose  |  | Check Number                |           |           |                           |
| To Whom Paid   |  |                    |                          |  |  | M                           | D         | Y         | Amount                    |
| Address  |  |                    |                          |  |  |                             |           |           |                           |
| City   |  | State<br><u>OH</u> | Zip Code                 | Purpose  |  | Check Number                |           |           |                           |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.