

Planks

Event Date	9/27/09
Page	420

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full UNITE FOR ALRIGHT									
To Whom Paid Planks on Broad						M	D	Y	Amount 72 ⁰⁰
Address 4022 Broadway				Purpose PIZZA					
City Grove City		State OH		Zip Code 43123		Check Number 1022			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		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.

Page Total \$	8072 ⁰⁰
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