

bowling

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full UNITED FOR ALBRIGHT							
To Whom Paid WRIGHT GRAPHIC DESIGN				M	D	Y	Amount 289.29
Address 6250 SEEDS ROAD		Purpose PRINTING - FUNDRAISER CARDS					
City Grove City	State OH	Zip Code 43123	Check Number 1014				
To Whom Paid Melissa Albright				M	D	Y	Amount 120.00
Address 4223 Morning Light Ct.		Purpose Reimbursement for Bowling Alley Use					
City Grove City	State OH	Zip Code 43123	Check Number 1016				
To Whom Paid WRIGHT GRAPHIC DESIGN				M	D	Y	Amount 95.40
Address 6250 Seeds Road		Purpose 800 Fundraiser Cards					
City Grove City	State OH	Zip Code 43123	Check Number 1017				
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.