31-B
R.C. 3517.10

Statement of Expenditures

Page 2

Prescribed by Secretary of State 2/01

Name of Committee in Full: UNITE For Albright

To Whom Paid	M	D	Y	Amount
Melissa Albright	01	15	13	200.40
Address	**Purpose**			
4898 Morninglight Ct.	Partial repayment of Loan			
City	**State**	**Zip Code**	**Check Number**	
Grove City	OH	43123	1043	

To Whom Paid	M	D	Y	Amount
Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

To Whom Paid	M	D	Y	Amount
Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

To Whom Paid	M	D	Y	Amount
Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

To Whom Paid	M	D	Y	Amount
Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

To Whom Paid	M	D	Y	Amount
Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

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Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

To Whom Paid	M	D	Y	Amount
Address	**Purpose**			
City	**State**	**Zip Code**	**Check Number**	

Page Total $ 200.40