## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full  Connitree for Joseph W. Teste.  To Whom Paid  M D Y Amount							
TO WHOM FAIL	<u> </u>			M 09	D / 3	y 06	Amount 369.83
Address	Purpose		- slex	l I	1 1 1 1		
Victorys Address 5435. Hish St. City Columbs	Sta	te	enses - 8/30 Zip Code 432/5	Check N	Jumber 506		
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Address	Purpose						Supplied and service of the control
City	St	ate	Zip Code	Check	Number		
To Whom Paid				M	D	Y	Amount
Address	Purpose				·		man ang pagana ng mga dalik sa katika sa kati
City	S	ate	Zip Code	Check	Number	Stanto S. or Physical St.	

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.