-				
	Page	18	 	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Name of Committee in Full Connitee for Joseph W. Testz. To Whom Paid D Y Amount									
To Whom Paid	<u>-</u>		M D Y	Amount					
Monaco's Palace			037708	750-00					
Address	Purpose								
4555 Cleveland De.	by o	zip Code	Check Number						
City	State	Zip Code 4-3231	Check Number 3627						
To Whom Paid		, , ,	M D Y	Amount					
Monaco's Palace	In		043008	5,910.83					
Address 4535 Cleveland Le	Purpose	15-es - 4/24 L Zip Code 4-3231	- To the state of						
City	State	Zip Code	Check Number						
Colembs	0 1-1	4-3231	3631	Amount					
To Whom Paid	_		M D Y	Amount					
Address	Purpose								
		T7', C.4.	Check Number						
City .	Sta te	Zip Code	Check Number						
To Whom Paid			M D Y	Amount					
	I.S.			1					
Address	Ригроѕе								
City	State	Zip Code	Check Number						
T. Mos. D. J.			M D Y	Amount					
To Whom Paid									
Address	Purpose								
City	State	Zip Code , v	Check Number						
To Whom Paid			M D Y	Amount					
Address	Purpose								
City	Sta te	Zip Code	Check Number						
			Adi to I - a	[Amount					
To Whom Paid			M D Y	Amount					
Address	Purpose								
4.		Tin Code	Check Number						
City	Sta te	Zip Code	CHECK INUINDET	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					

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 S <u>4,660</u>, 83