

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>											
To Whom Paid <u>Grosso's</u>							M	D	Y	Amount <u>247.00</u>	
Address <u>961 S. High St.</u>							Purpose <u>Expenses - 10/24 Event</u>				
City <u>Columbus</u>							State <u>OH</u>		Zip Code <u>43206</u>		Check Number <u>3611</u>
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
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		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.