

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Committee for Joseph W	V.	10	sta					
Name of Committee in Full Committee for Joseph W. Testa To Whom Paid					M D Y Amount			
Cresso's Address 961 5. High St. City Colombs				16	24	07	247.00	
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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.