

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

|   |  |                    |                          |   |  |   |   |   |                         |
|---|--|--------------------|--------------------------|---|--|---|---|---|-------------------------|
| Name of Committee in Full<br><i>Committee for Joseph W. Tasta</i> |  |                    |                          |   |  |   |   |   |                         |
| To Whom Paid<br><i>Grosso's</i>                                   |  |                    |                          |   |  | M | D | Y | Amount<br><i>520.00</i> |
| Address<br><i>961 S. High St.</i>                                 |  |                    |                          | Purpose<br><i>Expenses - 10/8 Event</i> |  |   |   |   |                         |
| City<br><i>Columbus</i>   |  | State<br><i>04</i> | Zip Code<br><i>43206</i> | Check Number<br><i>3673</i>             |  |   |   |   |                         |
| 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.