

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Connittee for Joseph W. Tasta To Whom Paid M D Y Amount					
Committee for Joseph W. lasta					
To Whom Paid					Amount 520-00
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Address	Purpose	•	1		
961 S. Hish St.	<u></u>	×pe.	nses - 10/8 E Zip Code 43206		
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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.

Page Total \$ 520.00