

# 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. Test</u>										
To Whom Paid <u>Planks</u>							M	D	Y	Amount <u>505.00</u>
Address <u>888 S. High St.</u>				Purpose <u>Expenses - 5/24 Event</u>						
City <u>Columbus</u>				State <u>OH</u>	Zip Code <u>43215</u>			Check Number <u>3459</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.