

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Planks</i>							M	D	Y	Amount <i>643.00</i>
Address <i>888 S. High St.</i>							Purpose <i>Expenses - 5/8 Event</i>			
City <i>Columbus</i>							State <i>OH</i>	Zip Code <i>43206</i>		Check Number <i>3577</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.