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	. 7	esta						
To Whom Paid		, ,	_ · _ / ·	M 0	5 0	0 8	D	Amount 643.00	
	Purpose Expenses - 5/8 Stalte Zip Code O H 43206				Exert				
Address 888 S. High St. City Columbs	Sta te	<i>f</i> -1	Zip Code 43206	Check	k Nш 3 - S	mber	7	Amount	
To Whom Paid				М			Y	Amount	
Address	Purpose								
City	State	; ;	Zip Code	Check	k Nur	nber			
To Whom Paid		<u> </u>		М		D	Y	Amount	
Address	Purpose								
City	State	;	Zip Code	Checl	k Nur	mber			
To Whom Paid M D Y Amount									
Address	Purpose								
City	State	3	Zip Code	Chec	k Nur	mber			
To Whom Paid				М		D	Y	Amount	
Address	Purpose								
City	State	e	Zip Code	Chec	ck Nu	ımber			
To Whom Paid	<u> </u>			М		D	Y	Amount	
Address	Ригроѕе								
City	State Zip Code			Check Number					
To Whom Paid	·			М		D	Y	Amount	
Address	Purpose				1				
City	Stal	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.

Page Total \$ <u>643.</u>00