

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. Test</i>									
To Whom Paid <i>Victims</i>						M	D	Y	Amount <i>369.83</i>
Address <i>543 S. High St.</i>						Purpose <i>Expenses - 8/30 Event</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>	
						Check Number <i>3506</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.