

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>Grandview Cafe</i>							M	D	Y	Amount <i>486.05</i> ✓
Address <i>1455 W. Third Ave.</i>				Purpose <i>Expenses - 9/25 Event</i>						
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43212</i>	Check Number <i>3510</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.

Page Total \$ 486.05 ✓