

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. Tiste								
To Whom Paid				/ 2	D Y	Amount 1,000	0.00	
Address 67 E. Gay St.	Purpose	×pe	inses - ///	Eve	it			
City Columbs	St	a te	Zip Code 43215	3	1 546			
To Whom Paid				М	DY	Amount	·	
Address	Purpose			 				
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To Whom Paid		,		M	D	Y Amount		
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City	S	Sta te	Zip Code	Check	Number	1,47		
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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.