

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>Foxfire Golf Club</i>							M	D	Y	Amount <i>3,360.55</i>
Address <i>10799 St. Route 104</i>				Purpose <i>Expenses - 7/21 Event</i>						
City <i>Lackbourn</i>				State <i>OH</i>	Zip Code <i>43137</i>		Check Number <i>3485</i>			
To Whom Paid <i>Scholz & Ely</i>							M	D	Y	Amount <i>154.23</i>
Address <i>1558 Parsons Ave.</i>				Purpose <i>Trophies - 7/21 Event</i>						
City <i>Columbus</i>				State <i>OH</i>	Zip Code <i>43207</i>		Check Number <i>3495</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			

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.