

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full  Connittee for Joseph W. Teste  To Whom Paid  Fox fire Golf Clb  Address  10799 St. Ro. te 104  Expenses - 7/22/05 Exert  City  Lockbourne  To Whom Paid  To Whom Paid  To Whom Paid  M D Y Amount  Amount  Amount  To Whom Paid  To Whom Paid							
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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.

Page Total \$ 3,518.31