

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Teste</u>										
To Whom Paid <u>Foxfire Golf Club</u>							M	D	Y	Amount <u>3,518.31</u>
Address <u>10799 St. Route 104</u>				Purpose <u>Expenses - 7/22/05 Event</u>						
City <u>Lockbourne</u>				State <u>OH</u>	Zip Code <u>43137</u>		Check Number <u>3388</u>			
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 \$ 3,518.31