

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>Special Tee</i>						M	D	Y	Amount <i>225.00</i>
Address <i>9819 US Route 62</i>			Purpose <i>Signs - 8/8 Event</i>						
City <i>Orient</i>		State <i>OH</i>	Zip Code <i>43146</i>		Check Number <i>3657</i>				
To Whom Paid <i>Foxfire Golf Club</i>						M	D	Y	Amount <i>2,858.04</i>
Address <i>10799 St. Route 104</i>			Purpose <i>Expenses - 8/8 Event</i>						
City <i>Lockbourne</i>		State <i>OH</i>	Zip Code <i>43137</i>		Check Number <i>3660</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.