

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. Tests</i>										
To Whom Paid <i>Grandview Cafe</i>							M	D	Y	Amount <i>406.32</i>
							1	0	06	05
Address <i>1455 W. Third Ave.</i>				Purpose <i>Expenses - 10/06/05 Event</i>						
City <i>Grandview</i>				State <i>OH</i>	Zip Code <i>43212</i>		Check Number <i>3413</i>			
To Whom Paid							M	D	Y	Amount
Address										
City							State	Zip Code		Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State	Zip Code		Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State	Zip Code		Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State	Zip Code		Check Number
To Whom Paid							M	D	Y	Amount
Address										
City							State	Zip Code		Check Number
To Whom Paid							M	D	Y	Amount
Address										
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 \$ 406.32