Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

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Name of Committee in Full Committee for Joseph W. Tests						
To Whom Paid Grandiew Cafe		_		м <i>i</i> о	06 O5	Amount 406.32
Name of Committee in Full Committee for Joseph W. Tests To Whom Paid Crandian Cafe Address 1455 W. Third Are. Expenses - 10/06/05 Eart City Stalte Zip Code Check Number Check Number OH 432/2 M D Y Amount						
City Grandi en	Sta	te /1	Zip Code 43212	Check N	umber 43	
		-		М	DY	Amount
Address	Purpose					
City	State Zip Code			Check Number		
To Whom Paid					DY	Amount
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City	Sta	te	Zip Code	Check N	umber	474
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City	Sta	ate	Zip Code	Check N		
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Address	Purpose					
City	St	ate	Zip Code		Number	
To Whom Paid				M	D Y	Amount
Address	Purpose			Tay :		
City	St	ate	Zip Code	Check 1	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