

# 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>Foxfire Golf Club</i>							M	D	Y	Amount <i>200.00</i>	
Address <i>10799 St. Route 104</i>							Purpose <i>Deposit - 8/8 Ecrt</i>				
City <i>Lackbourne</i>							State <i>OH</i>		Zip Code		Check Number <i>3617</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
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.