

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. Testa To Whom Paid M. D. Y. Amount							
To Whom Paid M J	<u> </u>			м 0 (1 8 c	Y フフ	Amount 650.00
To Whom Paid Monaco's Palace Address 4555 Cleveland Ave. Purpose State Zin Code Check Number							
4555 Cleveland Ave.	De	105	1 - 3/12 Ex	Check N	umber		
Columbs		te H	43231	35	51		
Monacos Palace	T			м 0 З	1 1		Amount 5,838-12
Monacos Palace Address 4555 Cleveland Are.	Purpose	×pe	enses - 3/12 1	ع	1+		efective 1995 to the second of the second
City	Sta	te H	= 15es - 3/12 12 Zip Code 43231	Check N	umber 566		
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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.