Event Date	Oct. 10
Page	10

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

				Managara Managara Na					
Name of Committee in Full									
Parents for Progress									
To Whom Paid				M	D	1 1	Amount		
Team Gear				0 9	1 1	0 8		720.00	
Address	Purpose			**************************************					
P.O. Box 84	purchase of t-shirts for sale								
City	State Zip Code			Check Number					
Canal Winchester		H	43110	ł	1108	}			
To Whom Paid	d	-		М	D	HOUSE WHITE THE PARTY OF	Amount		
Cash out		0 9	1 2	0 8		200.00			
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7297 Crossett Court	,	re fa	r t-shirt sales and	raffle	G				
City	State	Zip Code	Check Number						
Canal Winchester	1	Н	43110						
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City	State		Zip Code	Check Number					
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City	State	;	Zip Code	Cneck .	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.