		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
-	Event Date	May 5
	Page	6

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Parents for Progress Registration Number, if PAC Full Name of Contributor CW Local School Staff - Jeans Day Amount Street Address Employer/Occupation/Labor Organization\* D 1,350.00 State Zip Code Form(Cash,Check,etc) 43110 Cash Canal Winchester Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* D Amount Zip Code Form(Cash,Check,etc) City State Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* Amount Zip Code Form(Cash,Check,etc) State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization\* Street Address Zip Code Form(Cash,Check,etc) State City Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization\* Street Address Form(Cash,Check,etc) State Zip Code City Registration Number, if PAC Employer/Occupation/Labor Organization\* Street Address Form(Cash,Check,etc) State Zip Code City Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* Amount Zip Code Form(Cash,Check,etc) City State \* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	account colored in reservoir for the reservoir in the colored for the colored
		Page Total \$ 1,350.00
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