Event Date	Oct. 24
Page	OCT. 24 4

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Percentassania (1904)	post (a 2010)					
Parents for Progress										
To Whom Paid				М	D	Y	Amount			
Team Gear				1 0	2 1	0 8		1,392.00		
Address	Purpose			•	<u></u>	•	<u> Pierrichies in literatura di proprieda de la compositione de la comp</u>			
P.O. Box 84		purchase of t-shirts for sale								
City	Sta		Zip Code	Check N	umber					
Canal Winchester		Н	43110		1108					
To Whom Paid				М	D 		Amount			
Address	Purpose			ration in the same	description description	اسمساسست	e en			
City	Sta	ite	Zip Code	Check N	lumber					
To Whom Paid				M	D 	Y	Amount			
Address	Purpose	Purpose								
City	Sta	ite	Zip Code	Check Number						
To Whom Paid				M	D 	Y	Amount			
Address	Purpose	Purpose								
City	Sta	ate	Zip Code	Check Number						
To Whom Paid					D	Y	Amount			
Address	Purpose									
City	St	ate	Zip Code	Check Number						
To Whom Paid				М	D	Y	Amount			
Address	Purpose									
City	St	State Zip Code			Number					
To Whom Paid					P	Y	Amount			
Address	Purpose									
City	St	ate	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.

Page Total \$ <u>1.392.00</u>