

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Parents for Progress											
To Whom Paid Cash					M	D	Y	Amount			
					0	9	0	1	0	8	200.00
Address P.O. Box 514			Purpose Change for labor day booth raffle ticket sales								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1103						
To Whom Paid CW Labor Day Festival					M	D	Y	Amount			
					0	9	0	1	0	8	45.00
Address P.O. Box 514			Purpose Fee for CW labor day parade participation								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1074						
To Whom Paid CW Labor Day Festival					M	D	Y	Amount			
					0	9	0	1	0	8	100.00
Address P.O. Box 514			Purpose Fee for CW labor day booth rental								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1073						
To Whom Paid Melissa Berner					M	D	Y	Amount			
					0	9	2	2	0	8	55.13
Address 7297 Crossett Court			Purpose Water/candy for labor day booth								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1110						
To Whom Paid Melissa Chiles					M	D	Y	Amount			
					0	8	1	2	0	8	430.00
Address 6609 Archie Court			Purpose Fans for labor day parade give away								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1101						
To Whom Paid Melissa Chiles					M	D	Y	Amount			
					0	9	0	1	0	8	143.35
Address 6609 Archie Court			Purpose Labor day booth supplies								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1105						
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.