

ABATE OF OHIO, INC.

MONTHLY REGION REPORT

Month/Year _____ / _____

Region _____



Event Name _____ (Attach Meeting/Event Report)

Profit from Event _____

30% Sent to Support State Treasury _____

Amount Retained by Region _____ (Reduced by Amount Given to Charities)

Amounts Given to Support 501c(3) Charities (Attach Charity Donation Forms):

Amount _____	Charity _____
Amount _____	Charity _____
Amount _____	Charity _____

Memberships Collected _____

Product Sales _____

Misc. Income:

Donations _____

Special Draw _____

Pass The Hat _____

Raffle _____

Special Draw Winner _____

Proceeds go to _____

Proceeds go to _____

Proceeds go to _____

Item donated by _____

Beginning of Month Actual Balance _____

Deposits (+) _____

Checks (-) _____

End of Month Actual Balance _____

Beginning of Month Earmark _____

Additions (+) / Deletions (-) _____

End of Month Earmark _____

Working Balance _____

Amount over \$1,000 to State Treasury _____

Remaining Working Balance _____

Region Treasurer Signature _____ Date _____