## Page 1 of 2

| MOST ILLUSTRIOUS PRINCE HALL GRAND COUNCIL, R. & S. M. OF OHIO   |             |         |  |  |  |  |  |
|--|-------------|---------|--|--|--|--|--|
| QUARTER FINANCIAL REPORT 20  | / 20        | -       |  |  |  |  |  |
| PAYMENT DUE  | 15, 20      |         |  |  |  |  |  |
|  | COUNCIL NO. | R.&S.M. |  |  |  |  |  |
| ADDRESS CITY   | STATE       |         |  |  |  |  |  |
| Number of members reported on last report  |             | (A)     |  |  |  |  |  |
| Number of members gained during this quarter by greeting, demit, reinstatement (Page 2)                                    |             | (B)     |  |  |  |  |  |
| Number of members lost during this quarter by suspension, demit, death (Page 2)  |             | (C)     |  |  |  |  |  |
| Number of members now in good standing in this Council<br>and the Grand Council (A+B-C)                                    |             | (D)     |  |  |  |  |  |
| Number of members superannuated. (Give names and dates of this action, Page 2)   |             | (E)     |  |  |  |  |  |
| Grand Tax* for this quarter now being paid for Companions (D-E) x \$ 2.50  |             | (F)     |  |  |  |  |  |
| Charitable Donations* for this quarter now being paid for<br>(D) x \$ 0.50   |             | (G)     |  |  |  |  |  |
| Education Fund* for this quarter now being paid for<br>(D) x \$ 0.50   |             | (н)     |  |  |  |  |  |
| Members Greeted this quarter (from B) x \$ 5.00  |             | (1)     |  |  |  |  |  |
| Additional Grand Taxes and Charitable Donations which were due prior to this quarter. Include prior Educational Fund fees. |             | (1)     |  |  |  |  |  |
| TOTAL AMOUNT NOW BEING I   | PAID        | (к)     |  |  |  |  |  |

## **ILLUSTRIOUS RECORDER**

THRICE ILLUSTRIOUS MASTER

SEAL

-

This report must be signed by the Thrice Illustrious Master and the Illustrious Recorder with the seal of the Council affixed. NOTICE TO RECORDER: For Grand Tax, Greeting, Education Fund and Supplies make check payable to <u>Ohio Grand Council R&SM</u> <u>PHA.</u> For Charity Fund to: <u>GAYLE E. WONDERS CHARITY FUND.</u> COUNCIL NO.

List on this page the names of members gained or lost during the current quarter, indicated by a mark in the appropriate column and giving the dates. Dates must be given. Members that are automatically suspended for failure to pay Grand Tax, Charitable Donation and Education Fund must be listed as suspended. Indicate superannuated members by an (S) plus giving dates of such action. Example: John Doe (S) 1/1/20\_\_\_\_

|      | Gained By |                   | Lost By |         |       |       |      |
|------|-----------|-------------------|---------|---------|-------|-------|------|
| Name | Greeting  | <b>Reinstate-</b> | Demit   | Suspen- | Death | Demit | Date |
|      |           | ment              |         | sion    |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |
|      |           |                   |         |         |       |       |      |