

MATH

QTR.	NAME AND ADDRESS OF THE FC DONOR	AMOUNT	DATE OF RECEIPT	PURPOSE
1 ST QTR. 16-17	NIL			
2ND QTR 16-17	NIL			
3RD QTR 16-17	NIL			
4TH QTR 16-17	NIL			
1ST QTR. 17-18	NIL			