MAY 4TH TASK FORCE (M4TF)  
STUDENT ACTIVITY FEE ALLOCATION  
1992-93 ACADEMIC YEAR  

NOTE: Receipt of funds from Student Activity Fees by this organization indicates that this organization and its adviser accept full responsibility for compliance with the GUIDELINES FOR THE ALLOCATION AND USE OF UNDERGRADUATE STUDENT ACTIVITY FEES, JUNE 1992 THROUGH MAY 1993.  

Each organization attending a conference is required to conduct a program instructing interested students as to what they learned from the conference.

<table>
<thead>
<tr>
<th>BUDGET ITEM</th>
<th>ITEM AMOUNT</th>
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<tr>
<td><strong>ADMINISTRATIVE</strong></td>
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<tr>
<td><strong>ADMINISTRATIVE EXPENSES</strong></td>
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<tr>
<td><strong>MAY 3RD PROGRAM</strong></td>
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<tr>
<td>1910 AUDIO VISUAL LABOR</td>
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<td>6103 SOUND SYSTEM</td>
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<td>7244 AUDIO VISUAL EQUIPMENT</td>
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<tr>
<td>1910 AUDIO VISUAL LABOR</td>
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<td>1910 POLICE</td>
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<td>3530 HOSPITALITY</td>
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<td>TOTAL MAY 4TH COMMEMORATION</td>
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</table>
TOTAL EDUCATIONAL ALLOCATION $3,519.00
TOTAL M4TF 1992-93 YEARLY ALLOCATION $3,941.00
LONG DISTANCE PHONE $ 150.00
UNIVERSITY SOLICITATION AND SALES PERMIT

Any registered student organization or University department shall provide the Office of Student Activities a list of the names of the individuals directing sales, solicitation, or fund raising; the time period for the activity; the use of the revenue; and the method, and the location of the activity. There must be a member of the organization present at all times during the fund-raising activity. This material shall be public record in the Office of Student Activities. A copy of the registration form will be filed in the Office of Student Activities as a matter of public record. A copy must be displayed at the site of the solicitation/sale for verification.

ORGANIZATION OR DEPARTMENT SPONSORING

*ITEM TO BE SOLD OR DISTRIBUTED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>INDIVIDUALS (Registered Students or University Staff)</th>
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<tbody>
<tr>
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<td>11-3</td>
<td>Samantha Carver, Jennifer Hanshaw</td>
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<tr>
<td>2/23</td>
<td>11-3</td>
<td>Shannon Steiner, Karin Callahan</td>
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<td>11-3</td>
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<tr>
<td>3/1</td>
<td>11-3</td>
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<tr>
<td>3/3</td>
<td>11-3</td>
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</tbody>
</table>

LOCATION OF ACTIVITY

2ND FLOOR STUDENT CENTER TABLE

If in residence hall the name of scheduling staff member

Use of Revenue

TO BE COMPLETED ONLY IF AN OUTSIDE VENDOR IS ENGAGED

Persons not affiliated with the University may not engage in sales or solicitation among the general University population while on University property unless as part of a project sponsored by a registered student organization or University department.

VENDOR: Firm

Outline financial arrangements between this company and the sponsoring University department or organization on additional forms. Attach copy of State of Ohio Vendor License and complete financial arrangements form.

*Organizations, outside vendors, or University departments may not sell or distribute food within the Kent Student Center or on the Kent Student Center Plaza.

Distribution:

White - Organization
Blue - Scheduling
Green - Student Activities
Canary - Police Department
Pink - Student Center Operations/
    Building Curator
Goldenrod - Adviser

Adviser's Name

Representative of Group    Phone No.    Date
Samantha Carver  672-4627  2/1/95

Student Activities Staff Member    Date

Address    Phone No.
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ORGANIZATION OR DEPARTMENT SPONSORING ____________________________________________________________________________

(Full Name - Please no initials)

*ITEM TO BE SOLD OR DISTRIBUTED ____________________________________________________________________________

DATE TIME INDIVIDUALS (Registered Students or University Staff)

1/19 7:30-9 SAMANTHA CARVER, KARIN CALAHAN

1/30 7:30-9 PAUL FARRELL

LOCATION OF ACTIVITY ____________________________________________________________________________

University Auditorium

If in residence hall the name of scheduling staff member ____________________________________________________________________________

Use of Revenue ____________________________________________________________________________

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VENDOR: Firm ____________________________________________________________________________

On-Site Sales Person

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Distribution:

White - Organization ____________________________________________________________________________

Representative of Group Phone No. Date

Blue - Scheduling ____________________________________________________________________________

Green - Student Activities ____________________________________________________________________________

Canary - Police Department ____________________________________________________________________________

Pink - Student Center Operations/Building Curator ____________________________________________________________________________

Goldenrod - Adviser ____________________________________________________________________________

Adviser's Name Address Phone No.
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ORGANIZATION OR DEPARTMENT SPONSORING

MAY FOURTH TASK FORCE
(Full Name - Please no initials)

*ITEM TO BE SOLD OR DISTRIBUTED

T-SHIRTS, BUTTONS

DATE TIME

5/3

Samantha Carver, Kari Callahan

5/4

Jennifer Hanushoak

INDIVIDUALS (Registered Students or University Staff)

LOCATION OF ACTIVITY

Kiva 5/3, Commons 5/4

If in residence hall the name of scheduling staff member

Use of Revenue

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Adviser's Name

Representative of Group

Phone No.

Date

Student Activities Staff Member

Date

Address

Phone No.
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*MAY FOURTH TASK FORCE

(Full Name - Please no initials)

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</tr>
<tr>
<td>4/27</td>
<td>10-3</td>
<td>JENNIFER HANUSH, A.K., KARIN CALLAHAN</td>
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<tr>
<td>5/2</td>
<td>10-3</td>
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</tr>
</tbody>
</table>

LOCATION OF ACTIVITY

2nd floor Student Center

If in residence hall the name of scheduling staff member

Use of Revenue


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Pink - Student Center Operations/Building Curator
Goldenrod - Adviser

Representative of Group
Phone No.
Date

Student Activities Staff Member
Date

Adviser's Name
Address
Phone No.

PS-1984 E 992