Page	2	
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Parents for Progress Full Name of Contributor			Parietrat	ion Mumi	har if DA	C -		
See attached statement					Registration Number, if PAC			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code		D	Y	Amount		
					$\mathbf{I}$	4,142.00		
Full Name of Contributor					Registration Number, if PAC			
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City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Registrat	ion Num	ber, if PA	C		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)					
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City	State	Zip Code	М	Đ	Y	Amount		
			Decision	tion Num	ber, if PA			
Full Name of Contributor			уейзия	tion Nuti	10¢1, II I A			
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Street Address Employer/Occupation/Labor Organization*						roini (casis, choos, cas)		
	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Repistra	tion Num	nber, if PA	AC .		
and transfer of Country					,			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
amply of Cooperator Section								
City	State	Zip Code	М	D	Y	Amount		
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• Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(BX4)]

Page Total \$ 4,142.00