Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Parents for Progress						
Full Name of Contributor			Registral	ion Numl	oer, if PAC	7
See attached statement			icgisaa.	ion ivain)(i, ii i A	
Street Address	Tanlava/Oa	cupation/Labor Organization*			***************************************	Trans (Cook Charle str.)
oreet Address	Employer/Od	eupation/Labor Organization.				Form (Cash, Check, etc.) Check
City	State	Zip Code	М	D	Y	Amount 1,140.00
Full Name of Contributor			Registrat	ion Numl	oer, if PAC	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				
City	State	Zip Code	M	D	Y	Amount :
Full Name of Contributor			Registrat	ion Numl	oer, if PAC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registral	ion Num	ber, if PAC	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PAC	C
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if PA					ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount

* 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(B)(4)]

Page Total	\$	1,140.00
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