

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress									
To Whom Paid Chase Bank						M 1	D 2	Y 0	Amount 20.00
Address P.O Box 182051		Purpose Returned check							
City Columbus		State O	H H	Zip Code 43215		Check Number			
To Whom Paid Chase Bank						M 1	D 2	Y 0	Amount 12.00
Address P.O Box 182051		Purpose Bank charge for returned check							
City Columbus		State O	H H	Zip Code 43215		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			