Page	2

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Parents for Progress								
To Whom Paid				М	Т	D	Y	Amount
IP Morgan Chase Bank				$1 \mid 2$	2 3	3 0	1 1	12.00
Address	Purpose							
P.O. Box 659754	Bank service fee							
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To Whom Paid M D Y Amount						Amount		
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To Whom Paid				М	Т	D	Y	Amount
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	* #France							
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Page Total \$	12.00
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