

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress									
To Whom Paid Chase Bank						M	D	Y	Amount
						0	6	2	12.00
Address P.O. Box 659754						Purpose Service fee			
City San Antonio						State TX		Zip Code 78265	Check Number
To Whom Paid Chase Bank						M	D	Y	Amount
						0	7	2	12.00
Address P.O. Box 659754						Purpose Service fee			
City San Antonio						State TX		Zip Code 78265	Check Number
To Whom Paid Chase Bank						M	D	Y	Amount
						0	8	2	12.00
Address P.O. Box 659754						Purpose Service fee			
City San Antonio						State TX		Zip Code 78265	Check Number
To Whom Paid Chase Bank						M	D	Y	Amount
						0	9	2	12.00
Address P.O. Box 659754						Purpose Service fee			
City San Antonio						State TX		Zip Code 78265	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