

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Parents for Progress									
Full Name of Contributor Megan Hardy						Registration Number, if PAC			
Street Address 158 Manchester Circle N.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Pickerington		State O H		Zip Code 43110		M 0	D 4	Y 2 0 1 1	Amount 25.00
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 PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
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Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	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 \$ 25.00