

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress									
To Whom Paid Office Max						M	D	Y	Amount
						0	4	2	135.01
Address 5825 Chantry Drive				Purpose Copies of amended returns, paper, toner and storage binder					
City Columbus		State OH		Zip Code 43232		Check Number 1142			
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			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			