

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Parents for Progress									
Full Name of Contributor Joyce Boyer						Registration Number, if PAC			
Street Address 1392 Rockmill Road SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lancaster		State O H		Zip Code 43130		M 1	D 0	Y 3	Amount 200.00
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			
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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 \$ 200.00