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Statement of Contributions Received

Prescribed by Secretary of State 3/05

None of Committee in Pall					A04 A PART A STATE OF THE STATE			
Name of Committee in Full Parants for Progress								
Parents for Progress Full Name of Contributor				Registration Number, if PAC				
See attached statement								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
Direct Address	isinproj ur otta	, dans, dans				Check		
City	State	Zip Code	M	D	Y	Amount		
City		1				6,625.00		
Full Name of Contributor			Registrat	ion Numi	er, if PAC			
Contributions from Form 31-E								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
						Cash/Check		
City	State	Zip Code	M	ā	Y	Amount		
	1					3,165.00		
Full Name of Contributor	<u>annan ann an ann an ann an ann an an an </u>		Registrat	ion Num	ber, if PAC			
Street Address	Employer/Occu	ipation/Labor Organization*		and the same of the same of the same of	alest and the second section of the second	Form (Cash, Check, etc.)		
		_						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
v								
Full Name of Contributor			Registra	tion Nun	ber, if PA	C		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	100L FAMILIOS							
City	State	Zip Code	М	D	Y	Amount		
	1							
Full Name of Contributor		entre de la companya	Registra	ition Nun	iber, if PA	C		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Ϋ́	Amount		
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nu	nber, if PA	AC		
Street Address	Employer/Occupation/Labor Organization*			AND ASSESSMENT OF THE PARTY OF	ANNIA CANADA CAN	Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Ϋ́	Amount		
a suited for contributions from individuals over \$100 to states	Anna sistemana kasana busa bis	datas Transminutaris salfanas	Journal the occur	antian an	d the name	a of the		

* 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 \$ 9,790.00