| Page <u>1</u> |
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full                              |  |                            |                             |                  |               |                                |
|--|--|----------------------------|-----------------------------|------------------|---------------|--------------------------------|
| 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.)       |
| 25 East Waterloo St, Suite 102                         |  |                            |                             |                  |               | Cash                           |
| City   | State  | Zip Code                   | M                           | D                | Y             | Amount                         |
| Canal Winchester                                       | Ohio   | 43110                      | 0 1                         | 2.5              | 119           | 3,890.00                       |
| Full Name of Contributor                               | Terme  | 10110                      |                             | tion Num         |               |                                |
|  |  |                            | 1.08.5                      |                  |               | .•                             |
| Street Address   | Employer/Occu  | pation/Labor Organization* |                             |                  |               | Form (Cash, Check, etc.)       |
| Sheet Address  | Employen occu  | pation Labor Organization  |                             |                  |               | Tom (Cash, Check, cic.)        |
| Ci   | State  | Tin Code                   | Тм                          | D                | Y             | A.m                            |
| City   | State  | Zip Code                   | IVI                         |                  | 1             | Amount                         |
|  |  |                            |                             | <u> </u>         |               |                                |
| Full Name of Contributor                               |  |                            | Registra                    | tion Num         | ber, if PA    | C                              |
|  |  | <u> </u>                   | _L                          |                  |               |                                |
| Street Address   | Employer/Occu  | pation/Labor Organization* | Form (Cash, Check, etc.)    |                  |               |                                |
|  |  |                            |                             |                  |               |                                |
| City   | State  | Zip Code                   | М                           | D                | Y             | Amount                         |
|  | 1 !  | Ì                          | :                           | ( !              | l !           |                                |
| Full Name of Contributor                               |  |                            | Registra                    | tion Num         | ber, if PA    | C                              |
|  |  |                            | 1                           |                  |               |                                |
| Street Address   | Employer/Occu  | pation/Labor Organization* |                             |                  |               | Form (Cash, Check, etc.)       |
|  | 1 ' '  |                            |                             |                  |               |                                |
| City   | State  | Zip Code                   | ΙM                          | D                | Y             | Amount                         |
|  |  | 2.5                        |                             |                  | 1             |                                |
| Full Name of Contributor                               |  | <del></del>                | Pagietre                    | I !<br>ition Num | hor if DA     |                                |
| Full Name of Controllor                                |  |                            | Registra                    | mon rum          | oci, n i A    |                                |
| Street Address   | Employer/Occur   | pation/Labor Organization* |                             |                  |               | Form (Cash, Check, etc.)       |
| Street Address   | Employer/Occu  | pation/Labor Organization  |                             |                  |               | Total (Cash, Check, cic.)      |
|  |  | Ta: a i                    | Т.,                         | T-5              | 1 37          |                                |
| City   | State  | Zip Code                   | М                           | D                | Y             | Amount                         |
|  |  |                            |                             | <u> </u>         |               | <u> </u>                       |
| Full Name of Contributor                               |  |                            | Registra                    | tion Num         | ber, if PA    | .C                             |
|  |  |                            |                             |                  |               |                                |
| Street Address Employer/Occupation/Labor Organization* |  |                            |                             |                  |               | Form (Cash, Check, etc.)       |
|  |  |                            |                             |                  |               |                                |
| City   | State  | Zip Code                   | M                           | D                | Y             | Amount                         |
|  | 1  | {                          |                             | . !              | } ;           |                                |
| Full Name of Contributor                               | <del> </del>   | <del></del>                | Registra                    | tion Num         | ber, if PA    | C                              |
|  |  |                            | 1                           |                  |               |                                |
| Street Address   | Employer/Occu  | pation/Labor Organization* |                             |                  |               | Form (Cash, Check, etc.)       |
| 31,000 (1,000)   | ,,   | <b>,</b>                   |                             |                  |               |                                |
| City   | State  | Zip Code                   | J M                         | D                | Y             | Amount                         |
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|  |  | <del></del>                | Pagistro                    | tion Num         | har if DA     | <u> </u>                       |
| Full Name of Contributor                               |  |                            | Kegistiz                    | ada Mull         | ιουι, 11 1 'P |                                |
|  | Jp. 1 '0   | 7.1.0                      |                             |                  |               | Francisco (Carlo Charles and ) |
| Street Address   | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) |                            |                             |                  |               | Form (Cash, Check, etc.)       |
|  |  |                            |                             |                  |               | <u> </u>                       |
| City   | State  | Zip Code                   | M                           | D                | Y             | Amount                         |
|  |  |                            |                             |                  | <u> </u>      | <u> </u>                       |

\* 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 \$ | 3,890.00 |
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