First name(	Middle Name(	Last Name (	Suffix (10)	Registration Number, if PAC (50)	Employee/Occupation/Labor Organization(100)	Organization(50)	Address(50)	City(50)	State(:	Zip Code	Form(Cash, check, etc.)(50)	Date	Amount	Event	Form (31A or 31E)
				C00220764		Vorys Sater Seymour and Pease LLP Advocate for Effective Public Administration	52 E Gay St	Columbus	OH	43215	Check	1/31/2017	$ 500.00		31A
Zane		Jones			Huntington National Bank/Marketing		382 Wetmore Rd	Columbus	OH	43214	Credit	1/30/2017	$ 50.00		31A
William		Burgett			Kokosing Construction/Contractor		3680 Nicoya Ct	Lewis Center	OH	43035	Credit	3/30/2017	$1,500.00		31A
Jeff		Pruitt			Trustaff Travel Nursing/ Registered Nurse		294 Tappan St	Columbus	OH	43201	Credit	3/31/2017	$ 50.00		31A