

Sheet 1

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFICIENT	CONTRIBUTOR	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	EVENT DATE	SCHEDULE CODE
Steven	P	Elliott				21 E State St Ste 2000	Columbus	OH	43215	Lion Management Services/Partner	Check	8/26/2011	\$5,000.00		31A
Abigail	S.	Wexner				8000 Walton Parkway, Ste 100	New Albany	OH	43054	Abigail S. Wexner/Philanthropist	Check	10/19/11	\$5,000.00		31A
													\$10,000.00		