FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	SCHEDULE CODE
				IM PAC	OH1755	250 West St, Suite 700	Columbus	OH	43215		Check	10/18/2018	$500.00		31A
				Fifth Third Bank		809 S High St	Columbus	OH	43206			4/17/2018	$28.00	RE	31A