CONTRIBUTOR FIRST NAME	CONTRIB MIDDLE NAME	CONTRIBUTOR LAST NAME	SUFFIX	NON INDIVIDUAL CONTRIBUTOR	PAC REGISTRATION NUMBER	CONTRIBUTOR ADDRESS	CITY	STATE	ZIP	UTOR EMPLOYER OCCUPATION OR	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	D AT FUNDRAISING EVENT (Y/N)	NAME OF CREDITOR	AMOUNT OF DEBT REMAINING	ITEM NUMBER	SCHEDULE CODE (EX. 31A)
				Hallmark Management Services		521 Harmon Ave	Columbus	OH	43223		Check	10/25/2017	$ 305.00	REFUND							31A2