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	EVENT DATE	INKIND DESCRIPTION	SCHEDULE CODE
Bradley		Koffel				1801 Watermark Dr., Suite 350	Columbus	OH	43215			2/3/2016	$307.22		2/3/2016	Event Food & Beverage	31J1
Joseph		Scott				65 E State St., Suite 200	Columbus	OH	43215			2/3/2016	$307.22		2/3/2016	Event Food & Beverage	31J1
													$614.44				