

Sheet1

FIRST NAME	MIDDLE NAME	LAST NAME	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	SCHEDULE CODE
Joseph	M.	Reidy			196 Glencoe Rd	Columbus	OH		43214 Check	11/2/2012	\$200.00				31A
James		Davidson			5163 Chaffinch Ct.	Dublin	OH		43017 Check	11/2/2012	\$200.00				31A
Elden	James	Hopple			7717 Optimara Drive	Pickerington	OH		43147 Check	11/2/2012	\$100.00				31A
Randall	S.	Arndt			272 Ashbourne Rd	Columbus	OH		43209 Check	11/2/2012	\$200.00				31A
Seleshi	A.	Asfaw			8318 Bedlington Dr.	Reynoldsburg	OH		43068 Check	11/19/2012	\$50.00				31A
Harry	J.	Kiefaber			4065 Fairfax Dr	Columbus	OH		43220 Check	11/19/2012	\$200.00				31A
Robert	M.	Stefancin			4203 Big Spruce Drive	Akron	OH		44333 Check	11/19/2012	\$300.00				31A
			United for Health PAC	C00274431	9900 Bren Rd East	Minnetonka	MN		55343 Check	11/29/2012	\$500.00				31A

\$1,750.00