

FIRST NAME	MIDDLE NAME	LAST NAME	SUFF IX	EMPLOYER OCCUPATIO N OR LABOR ORGANIZATI ON	PAC REGISTR ATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTI ON (MM/DD/YYYY)	EVENT DATE (MM/DD/YYYY)	AMOUNT	OTHER INCOME
				Uber		1455 Market St 4th Fl	San Francisco	CA	94103	EFT	8/17/2016		\$ 2.00	RE
				RadioOne		1010 Wayne Ave., 14th Floor	Silver Spring	MD	20910	Check	09/15/16		\$ 5.00	RE
													\$ 7.00	