

Sheet1

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	ITEM NUMBER	SCHEDULE CODE
Stefani		Harper															
				Aramark Global Business Services		5880 Nolensville	Nashville	TN	37211		Credit	01/20/15	\$10.00	RE			31A2
				AT&T							Check	02/09/15	\$388.82	RE			31A2
											Check	04/10/15	\$80.63	RE			31A2
Michael		Coleman				69 N 5th St.	Columbus	OH	43215		Check	07/01/15	\$25.00	RE			31A2
				The Ohio Bureau of Workers' Compensation		PO Box 15429, 3	Columbus	OH	43215	N/A	Check	07/06/15	\$701.55	RE			31A2
				The Ohio Bureau of Workers' Compensation		PO Box 15429, 3	Columbus	OH	43215	N/A	Check	11/02/15	\$71.25	RE			31A2
\$1,277.25																	