

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	SCHEDULE CODE
				17 <sup>th</sup> State Group		88 E Broad St	Columbus	OH	43215	Check	4/6/2014	\$500.00	VO	31A2
				17 <sup>th</sup> State Group		88 E Broad St	Columbus	OH	43215	Check	4/6/2014	\$500.00	VO	31A2
				17 <sup>th</sup> State Group		88 E Broad St	Columbus	OH	43215	Check	4/6/2014	\$500.00	VO	31A2
				World Market		1655 Olentangy River Rd	Columbus	OH	43215	EFT	6/2/2014	\$70.81	RE	31A2

\$1,570.81