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	EVENT DATE	SCHEDULE CODE
Michael	D.	Cole				350 S Huron Ave	Columbus	OH	43204	Thoth Communications/Principal	Check	01/25/16	$6.00		31A
Michael	D.	Cole				350 S Huron Ave	Columbus	OH	43204	Thoth Communications/Principal	Check	02/22/16	$5.00		31A
Michael	D.	Cole				350 S Huron Ave	Columbus	OH	43204	Thoth Communications/Principal	Check	03/28/16	$30.00		31A
													$41.00		