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FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPL OVER OCCUPATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	EVENING DATE	INKIND DESCRIPTION	SCHEDULE CODE
			X	Shamrock Club of Columbus		60 West Castle Rd	Columbus	OH	43207	N/A	Check	3/18/2011	\$100.00	RE			31A2

\$100.00