FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	RECEIVED AT FUNDRAISING EVENT	NAME OF CREDITOR	AMOUNT OF DEBT REMAINING	ITEM NUMBER	SCHEDULE CODE
				Vista Plaza		191 W Nationwide Blvd, Ste 200	Columbus	OH	43215		Check	12/31/2010	$ 1,288.83	RE								31A2

$ 1,288.83