

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
				Red Lobster		6091 Sawmill Rd	Dublin	OH	43017		Credit	5/17/2017	\$4.82		31A2