FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION (MM/DD/YYYY)	AMOUNT	EVENT DATE
D	Michael	Sheline				912 Bernard Rd	Columbus	OH	43221	Check	3/24/2008	$100.00	
Michael		Dawley				7566 Lee Rd	Westerville	OH	43081	Check	3/24/2008	$500.00	
												$600.00	