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	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	SCHEDULE CODE
Heather		Bishoff				2902 Braden Way	Blacklick	OH	43004	Bishoff Financial Group/Partner	Check	12/11/2013	$100.00				31A
Felix		Wade				778 Hawksbury Way	Powell	OH	43065	Ice Miller LLP/Attorney	Check	04/28/2014	$500.00				31A
													$600.00				