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	RECEIVED AT FUNDRAISING EVENT	NAME OF CREDITOR	AMOUNT OF DEBT REMAINING	ITEM NUMBER	SCHEDULE CODE
Bill		Hedrick				535 West 1st Ave	Columbus	OH	43215	City of Columbus/Attorney		3/23/2010	$ 40.00		5/1/2010	Event Tickets	Yes				31J1

$ 40.00