FIRST	LAST	ENTITY	PAC NO.	ADDRESS	CITY	STATE	ZIP	EMPLOYER	FORM	DATE	AMOUNT	TYPE	EVENT DATE	SCH. CODE
		Ohio Bureau of Workers' Comp.								7/25/2018	$106.25	RE		31A2
		Bob Evans								9/10/2018	$1.14	RE		31A2
											$108.72			