

Sheet 1

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SUBMITTING ENTITY	CONTRIBUTOR REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	EVENT DATE	IN KIND DESCRIPTION	SCHEDULE CODE
Mike		Mentel				22 Preston Road	Columbus	OH	43209		8/29/2013	\$445.76	8/29/2013	Event Food & Beverages	31J1

\$445.76