

FIRST NAME	MIDDLE NAME	LAST NAME	SUFF IX	EMPLOYER OCCUPATIO N OR LABOR ORGANIZATI ON	PAC REGISTR -ATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTI ON (MM/DD/YYYY)	EVENT DATE (MM/DD/YYYY)	AMOUNT	OTHER INCOME
				Capitol Promotions		249 N Keswick Ave # 1	Glenside	PA	19038	EFT	09/22/2015		\$63.00	RE
													\$ 63.00	