

FIRST NAME	MIDDLE NAME	LAST NAME	SUFF. IN	ENTITY	PAC ID	ADDRESS	CITY	STATE	ZIP	OCCUPATION	EMPL. TYPE	FORM OF CONTRIBUTION	DATE	AMOUNT	EVENT DATE
				Friends of the Columbus Metropolitan Library		96 S. Grant Ave	Columbus	Ohio	43215			Check	3/26/2010	\$ 50,000.00	
															\$50,000.00