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	SCHEDULE CODE
				Ohio Bureau of Worker's Compensation		PO Box 15429, 30 W Spring St	Columbus	OH	43215		Check	11/05/14	$83.84	RE	31A2

$83.84