

Sheet 1

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
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MacCorkle Ave Florist

5126 MacCorkle Ave SE

Charleston

WV

25304 N/A

EFT

11/21/12

\$79.50 RE

31A2

\$79.50