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 (MM/DD/YYYY)	AMOUNT
				OAPSE AFSCME LA1269		6805 Oak Creek	Columbus	OH	43229		Check	5/19/2016	20,000.00
													$20,000.00