

Sheet I

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OR LABOR ORGANIZATION	DATE OF CONTRIBUTION	AMOUNT	INKIND DESCRIPTION	SCHEDULE CODE
				Friends of Shannon Hardin		545 E Town Street	Columbus	OH	43215		2/2/2015	\$ 1,718.92	Web Services	31J2
				People for Page		1244 Erickson Road	Columbus	OH	43227		3/4/2015	\$ 753.21	Event Food & Beverage	31J2

\$ 2,472.13