CONTRIBUTOR FIRST NAME	CONTRIBUTOR MIDDLE NAME	CONTRIBUTOR LAST NAME	SUFFIX	NON INDIVIDUAL CONTRIBUTOR	PAC REGISTRATION NUMBER	CONTRIBUTOR ADDRESS	CITY	STATE	ZIP	CONTRIBUTOR EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	[illegible]	[illegible]
		Friends of Shannon Hardin				545 E. Town Street	Columbus	OH	43215		CHECK	3/9/2018	1500.00		31A
												TOTAL	1500.00		