FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	RECEIVED AT FUNDRAISING EVENT (Y/N)	NAME OF CREDITOR	AMOUNT OF DEBT REMAINING	ITEM NUMBER	SCHEDULE CODE
BRIAN		JOSLYN				250 SPRING ST. UNIT	COLUMBUS	OH	43215			6/28/2018	$293.00			FOOD & BEVERAGE					31J1
Karen		Phipps				3807 Lakedale Dr	Hilliard	OH	43026			8/27/2018	$175.00			Parade Fee					31J1
Dustin		Blake				733 S 6th St	Columbus	OH	43206			9/18/2018	$730.53			Event Food					31J1
													$1,198.53								