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	OTHER INCOME
				Fifth Third Bank		PO Box 630900	Cincinnati	OH	45263		EFT	11/10/2015	0.48	RE