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	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	SCHEDULE CODE
Steven		Tuckerman				5000 Kitzmiller	New Albany	OH	43054		Check	1/26/2016	$ 100.00				31A