

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	LINKING DESCRIPTION	SCHEDULE CODE
				Friends of Shannon Hardin		545 E Town St	Columbus	OH	43215		In kind	6/26/2017	\$2,500.00			Consulting	3111
				Friends of Shannon Hardin		545 E Town St	Columbus	OH	43215		In kind	6/29/2017	\$833.33			Consulting	3111
				Friends of Shannon Hardin		545 E Town St	Columbus	OH	43215		In kind	8/1/2017	\$203.50			Meeting Expense	3111

\$3,536.83