| FIRST NAME | LAST NAME | EMPLOYER OCCUPATION OR LABOR ORGANIZATION | CONTRIBUTING ENTITY | ADDRESS | CITY | STATE | ZIP | FORM OF CONTRIBUTION | CONTRIBUTION (MM/DD/YYYY) | DATE (MM/DD/YYYY) | AMOUNT | OTHER INCOME |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | The Ohio Bureau of Workers' Compensation | | P.O. Box 15429, 30 W. Spring St. | Columbus | OH | 43215 | Check | 01/03/2017 | | $122.08 | RE |
| | | | | | | | | | | | **$122.08** | |