

Sheet1

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX X	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	DATE OF CONTRIBUTION	AMOUNT	DESCRIPTION	SCHEDULE CODE
Ira		Sully				844 S Front Street	Columbus	OH	43206		01/14/15	\$20.10	Office Supplies	31J1

\$20.10