

FIRST NAME	MIDDLE NAME	LAST NAME	SUFF IX	EMPLOYER OCCUPATIO N OR LABOR ORGANIZATI ON	PAC REGISTR ATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTI ON (MM/DD/YYYY Y)	EVENT DATE (MM/DD/YYYY Y)	AMOUNT	OTHER INCOME
Shannon		Hardin				1516 Felix Drive	Columbus	OH	43207	Check	4/12/2016		\$ 12.69	RE