

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 (MM/DD/YYYY)	AMOUNT
S		Grant									Credit Card	12/27/13	\$50.00
S		Grant									Credit Card	01/27/14	\$50.00
S		Grant									Credit Card	02/27/14	\$50.00
													\$150.00