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
Marchelle	E	Moore				7918 Slate Ridge Blvd	Reynoldsburg	OH	43068		Check	11/13/2006	$150.00
				AT&T		175 E. Houston Street	San Antonio	TX	78205		Check	11/15/2006	$10,000.00
				COTA Employees		1600 McKinley Ave	Columbus	OH	43222		Check	11/27/2006	$87.00
													$85,334.00