

First name(50)	Middle Name(50)	Last Name (50)	Employer/Occupation/Labor Organization(100)	Address(50)	City(50)	State(2)	Zip Code(10)	Form(Cash, check, etc.)(50)	Date	Amount	Event Date	Form (31A or 31E)
Robert	L	McDaniel	City Auditor's Office	425 Derrin rd	Columbus	Oh	43204	Check	1/27/2017	500.00		31A