

Sheet1

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	BUSINESS	ADDRESS	CITY	STATE	ZIP	DATE OF EXPENDITURE	AMOUNT	PURPOSE	EVENT DATE	ITEM NUMBER	SCHEDULE CODE
Michael		Cole		J Ashburn Jr Youth Center	85 Clarendon Ave 350 S Huron Ave	Columbus	OH	43223 43204	8/15/2016 10/17/16	\$32.00	Contribution			31B
										\$42.00	\$10.00 Meeting Expense			31B