FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NO.	ADDRESS	CITY	STATE	ZIP	FORM	DATE OF CONTRIBUTION	AMOUNT	OCCUPATION	EMPLOYER
Joyce	R	Shenk				264 N. Drexel Ave	Columbus	OH	43209	Check	10/25/2005	100.00	Unemployed	Unemployed
												100.00		