

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	ENTITY	PAC ID	ADDRESS	CITY	STATE	ZIP	FORM	DATE	AMOUNT	EVENT DATE	OTHER INCOME TYPE	IN KIND DESCRI PTION
				Fifth Third Bank		P.O. BOX 630900	Cincinnati	OH	45263	EFT	07/31/12	\$28.00		Refund	
				Fifth Third Bank		P.O. BOX 630900	Cincinnati	OH	45263	EFT	07/31/12	\$25.00		Refund	
				Fifth Third Bank		P.O. BOX 630900	Cincinnati	OH	45263	EFT	07/31/12	\$25.00		Refund	