FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION (MM/DD/YYYY)	EVENT DATE (MM/DD/YYYY)	AMOUNT
				Fifth Third Bank		P.O. Box 630900	Cincinnati	OH	45263	Check	09/08/2016		$2,500.00
													$2,500.00