

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	TO WHOM	REGISTRATION NUM	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	M OF CON TRI	DATE OF CONTRIBUTION	AMOUNT	THE INC OM	EVENT DATE	IN KIND DESCRIPTION	SCHEDULE CODE
				Friends of Shannon Hardin		545 E Town Street	Columbus	OH	43215			7/27/2017	\$ 3,333.33			Consulting	31J2
				Friends of Shannon Hardin		545 E Town Street	Columbus	OH	43215			8/23/2017	\$ 3,333.33			Consulting	31J2
				Mitchell J. Brown Committee		545 E Town Street	Columbus	OH	43215			7/27/2017	\$ 3,333.33			Consulting	31J2
				Mitchell J. Brown Committee		545 E Town Street	Columbus	OH	43215			8/23/2017	\$ 3,333.33			Consulting	31J2
													\$ 13,333.32				