FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYE	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INKIND DESCRIPTION	SCHEDULE CODE
				Dallas Baldwin for Sheriff		3697 Juniper St	Grove City	OH	43123		Check	6/8/2018	$ 750.00	Refund			31A2