

FIRST NAME (1)	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTOR G ENTITY	PAC REGISTRATIO N NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTIO N	AMOUNT	OTHER INCOME TYPE	EVENT DATE	INWID DESCRIPTION	RECEIVED AT FUNDRAISING EVENT (Y/N)	NAME OF CREDITOR	AMOUNT OF DEBT REMAINING	ITEM NUMBER	SCHEDULE CODE
BRIAN		JOSLYN				250 SPRING ST UNIT 421	COLUMBUS	OH	43215			6/2/2018	\$293.00			FOOD & BEVERAGE					3111
		PHIPPS				3007 Lakeside Dr	Hilliard	OH	43026			8/27/2018	\$175.00			Private Fee					3111
DUSTIN		BLAKE				733 S 6th St	Columbus	OH	43206			9/12/2018	\$730.53			Event Food					3111