

Statement of Contributions Received at Fundraiser

Event Date July 12, 2011

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	YEAR OCCUPATION OR	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	EVENT DATE
Robert		Ballard				243 N. Fifth St., Ste. 330	Columbus	OH	43215		Credit Card	6/3/2011	\$ 75.00	7/12/2011