First name	Middle Name	Last Name	Suffix	Registration Nun	Employee/Occupation/Labor Organization	Organization	Address	City	State	Zip Code	Form(Cash, chec	Date	Amount	Event Date	Form (31A or 31E)
						The Ohio Bureau of Workers' Compensation	P.O. Box 15429, 3(	Columbus	OH	43215	Check	7/25/2018	$106.25		31A2
						BOB EVANS	8111 Smith's Mill I	New Albany	OH	43054	EFT	7/9/2018	$1.33		31A2