

FIRST NAME	MIDDLE NAME	LAST NAME	SUFF X	CONTRIBUTING ENTITY	PAC REGISTRAT ION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATI ON OR LABOR ORGANIZA TION	FORM OF CONTRIBUTION	DATE OF CONTRIBU TION (MM/DD/YY)	AMOUNT	OTHER INCOME
				Freshbox Catering LLC		125 E Broad St	Columbus	OH	43215		Check #1222	12/24/13	\$310.00	Void