FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	SCHEDULE CODE
				The Ohio Bureau of Workers' Compensation		P.O. Box 15429, 30 W. Spring St.	Columbus	OH	43215	N/A	Check	02/20/14	$13.87	RE	31A2
				Liberty Mutual		9450 Seward Rd	Fairfield	OH	45014	N/A	Check	04/17/14	$645.00	RE	31A2
Kimberly		Blackwell		PMM Ltd		1601 W 5th, Ste 166	Columbus	OH	43212	N/A	Check	04/24/14	$6,000.00	RE	31A2
													$6,658.87		