

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	OTHER INCOME TYPE	SCHEDULE CODE
------------	-------------	-----------	--------	---------------------	-------------------------	---------	------	-------	-----	----------------------	----------------------	--------	-------------------	---------------

People for Page

1244 Erickson Road

Columbus

OH

43227 Check

5/6/15

\$3,500.00 RE

31A2

\$3,500.00