

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	Employer/Occupation	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION (MM/DD/YY)	AMOUNT	EVENT DATE
Gregory	L	Henneke				333 Massachusetts Ave, Unit 607	Indianapolis	IN	46204		Check	3/23/2010	\$ 500.00	
													\$500.00	