

Sheet 1

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		PO Box 15429, 30 W Spring St	Columbus	OH	43215 N/A		Check	07/25/13	\$235.63	RE	31A2
				The Ohio Bureau of Workers' Compensation		PO Box, 30 W Spring St	Columbus	OH	43215 N/A		Check	10/25/13	\$17.00	RE	31A2
				College Democrats at Ohio State		1739 N High St	Columbus	OH	43210 N/A		Check	12/31/13	\$150.00	VO	31A2
													\$402.63		