Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Associa	ation Political Ad	ction Committee		
Full Name of Contributor Charles M. Davis	,		Registration Number, if	PAC
Street Address 220 Paddock Circle East	Employer/Occupation/Labor Organization Restaurant Management			Form (Cash, Check, etc.) Check 2007
City Powell	State OH	Zip Code 43065	M D Y 1	Amount \$50.00
Full Name of Contributor Stacey L. Connaughton			Registration Number, if	PAC
Street Address 2461 Hickorybend Court	Employer/Occupation/Labor Organization Restaurant Management			Form (Cash, Check, etc.)
City Grove City	State	Zip Code 43123	M D Y	Amount \$50.00
Full Name of Contributor Wayne Schick	(Registration Number, if	PAC
Street Address 7776 Rowles Drive		ipation/Labor Organization int Management		Form (Cash, Check, etc.) check 6466
City Columbus	State OH	Zip Code 43235	1 0 2 0 1 1	Amount \$50.00
Full Name of Contributor M. Cameron Mitchell Registration Number, if PAC				
Street Address 2000 Tremont Road	Employer/Occupation/Labor Organization Restaurant Owner			Form (Cash, Check, etc.) check 4301
City Columbus	State OH	Zip Code 43212	1 0 2 0 1 1	Amount \$500.00
Full Name of Contributor Michael L. Gross			Registration Number, if	
Street Address 7734 Sutton Place	Employer/Occupation/Labor Organization* Restaurant Owner			Form (Cash, Check, etc.) check 1320
City New Albany	State	Zip Code 43054	M D Y	Amount \$250.00
Full Name of Contributor William Glover, WC Glover Enterprises LLC dba Sage American Bistro Registration Number, if PAC				
Street Address 2653 North High Street	Employer/Occupation/Labor Organization Restaurant Owner		<u></u>	Form (Cash, Check, etc.) check 4736
City Columbus	State OH	Zip Code 43202	1 0 2 7 1 1	Amount \$125.00
Full Name of Contributor Elizabeth Lessner, Lessrue, LLC			Registration Number, if	i
Street Address 22 E. Mound Street	Employer/Occupation/Labor Organization* Restaurant Owner			Form (Cash, Check, etc.) check 164616006
City Columbus	Stake OH	Zip Code 43215	M D Y 1 1 1 1	,
Full Name of Contributor Richard M. Kaplan			Registration Number, if	
Street Address 169 Lake Bluff Drive		Employer/Occupation/Labor Organization* Restaurant vendor		Form (Cash, Check, etc.) check 3967
City Columbus	State OH	Zip Code 43225	1 0 3 1 1	Amount \$250.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]