

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Central Ohio Restaurant Association Political Action Committee</b>									
Full Name of Contributor <b>Thomas R. Gross, Jr.</b>						Registration Number, if PAC			
Street Address <b>2531 Abington Road</b>			Employer/Occupation/Labor Organization* <b>Restaurant Supplier</b>				Form (Cash, Check, etc.) <b>check # 8492</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>\$300.00</b>	
Full Name of Contributor <b>David B. Gross</b>						Registration Number, if PAC			
Street Address <b>2266 Lane Avenue</b>			Employer/Occupation/Labor Organization* <b>Restaurant Supplier</b>				Form (Cash, Check, etc.) <b>Check # 7961</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$300.00</b>	
Full Name of Contributor <b>Michael L. Gross</b>						Registration Number, if PAC			
Street Address <b>7734 Sutton Place</b>			Employer/Occupation/Labor Organization* <b>Restaurant Supplier</b>				Form (Cash, Check, etc.) <b>Check # 1189</b>		
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$300.00</b>	
Full Name of Contributor <b>Richard Kaplan</b>						Registration Number, if PAC			
Street Address <b>169 Lake Bluff Drive</b>			Employer/Occupation/Labor Organization* <b>Restaurant Supplier</b>				Form (Cash, Check, etc.) <b>Check # 3893</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$300.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	

\* 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)]