

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Association Political Action Committee									
Full Name of Contributor Robert E. Lee						Registration Number, if PAC			
Street Address 2574 Dover Road			Employer/Occupation/Labor Organization* Restaurant Owner				Form (Cash, Check, etc.) check 1040		
City Columbus		State OH	Zip Code 43209		M 1	D 2	Y 0	Amount \$500.00	
Full Name of Contributor Nick Ailabouni						Registration Number, if PAC			
Street Address 4120 Kenny Road			Employer/Occupation/Labor Organization* Restaurant Owner				Form (Cash, Check, etc.) check 2118		
City Columbus		State OH	Zip Code 43220		M 1	D 1	Y 1	Amount \$125.00	
Full Name of Contributor Michael A. Haurert						Registration Number, if PAC			
Street Address 6834 Park Mill Drive			Employer/Occupation/Labor Organization* Restaurant Owner				Form (Cash, Check, etc.) check 2541		
City Dublin		State OH	Zip Code 43016		M 1	D 1	Y 1	Amount \$125.00	
Full Name of Contributor Charles Deibel						Registration Number, if PAC			
Street Address 2095 Tremont Road			Employer/Occupation/Labor Organization* Restaurant Supplier				Form (Cash, Check, etc.) check 393		
City Columbus		State OH	Zip Code 43221		M 0	D 9	Y 2	Amount \$200.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							

* 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)]

Page Total **\$950.00**