

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|  |  |                    |  |  |               |                             |   |               |                           |
|--|--|--------------------|--|--|---------------|-----------------------------|---|---------------|---------------------------|
| Name of Committee in Full<br><b>The Central Ohio Restaurant Association Political Action Committee</b> |  |                    |  |  |               |                             |   |               |                           |
| Full Name of Contributor<br><b>Justin Zigo</b>   |  |                    |  |  |               | Registration Number, if PAC |   |               |                           |
| Street Address<br><b>292 Halverston Road</b>   |  |                    | Employer/Occupation/Labor Organization*<br><b>restaurant owner</b> |  |               |                             | Form (Cash, Check, etc.)<br><b>check 848</b>  |               |                           |
| City<br><b>Powell</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43065</b>   |  | M<br><b>0</b> | D<br><b>2</b>               | Y<br><b>0</b>                                 | Y<br><b>9</b> | Amount<br><b>\$125.00</b> |
| Full Name of Contributor<br><b>Linda Sebok</b>   |  |                    |  |  |               | Registration Number, if PAC |   |               |                           |
| Street Address<br><b>2685 Bridgewatch Lane</b>   |  |                    | Employer/Occupation/Labor Organization*<br><b>restaurant owner</b> |  |               |                             | Form (Cash, Check, etc.)<br><b>check 4889</b> |               |                           |
| City<br><b>Hillard</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43026</b>   |  | M<br><b>0</b> | D<br><b>2</b>               | Y<br><b>0</b>                                 | Y<br><b>1</b> | Amount<br><b>\$125.00</b> |
| Full Name of Contributor   |  |                    |  |  |               | Registration Number, if PAC |   |               |                           |
| Street Address   |  |                    | Employer/Occupation/Labor Organization*                            |  |               |                             | Form (Cash, Check, etc.)                      |               |                           |
| City   |  | State<br><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<br><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<br><b>OH</b> | Zip Code   |  | M             | D                           | Y   | Amount        |                           |
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| City   |  | State<br><b>OH</b> | Zip Code   |  | M             | D                           | Y   | Amount        |                           |
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| Street Address   |  |                    | Employer/Occupation/Labor Organization*                            |  |               |                             | Form (Cash, Check, etc.)                      |               |                           |
| City   |  | State<br><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)]

Page Total **\$250.00**