

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Association Political Action Committee							
Full Name of Contributor Larry G. Clark					Registration Number, if PAC local		
Street Address 1800 Timberlake Drive		Employer/Occupation/Labor Organization* Catering and Food Service Owner			Form (Cash, Check, etc.) Check 640		
City Delaware	State OH	Zip Code 43015	M 0	D 5	Y 2	Amount \$100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	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 OH	Zip Code	M	D	Y	Amount	
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City	State OH	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 OH	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)}