

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Central Ohio Restaurant Association Political Action Committee</b>						
Full Name of Contributor <b>Haiku</b>				Registration Number, if PAC		
Street Address <b>800 N. High Street</b>		Employer/Occupation/Labor Organization <b>Restaurant owner</b>			Form (Cash, Check, etc.) <b>check 14947</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>\$125.00</b>
Full Name of Contributor <b>Russell Morton, Jr.</b>				Registration Number, if PAC		
Street Address <b>178 Quail Run Road</b>		Employer/Occupation/Labor Organization <b>Restaurant owner</b>			Form (Cash, Check, etc.) <b>check 1877</b>	
City <b>Thornville</b>	State <b>OH</b>	Zip Code <b>43076</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$125.00</b>
Full Name of Contributor <b>Robert Himes</b>				Registration Number, if PAC		
Street Address <b>4654 Groves Road</b>		Employer/Occupation/Labor Organization <b>caterer</b>			Form (Cash, Check, etc.) <b>check 0052416017</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	M <b>1</b>	D <b>1</b>	Y <b>8</b>	Amount <b>\$75.00</b>
Full Name of Contributor <b>Ann M. Fischer</b>				Registration Number, if PAC		
Street Address <b>6000 Holywell Drive</b>		Employer/Occupation/Labor Organization <b>Restaurant owner</b>			Form (Cash, Check, etc.) <b>check 8432</b>	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>1</b>	Y <b>5</b>	Amount <b>\$125.00</b>
Full Name of Contributor <b>Joseph V. Vittorio, Jr.</b>				Registration Number, if PAC		
Street Address <b>4632 Scenic Drive</b>		Employer/Occupation/Labor Organization <b>Restaurant owner</b>			Form (Cash, Check, etc.) <b>check 147</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>1</b>	D <b>1</b>	Y <b>9</b>	Amount <b>\$100.00</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

\* 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 **\$550.00**