

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 8/11/09

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Name of Committee in Full Central Ohio Restaurant Association Political Action Committee					
Full Name of Contributor Scott Heimlich				Registration Number, if PAC	
Street Address 1474 Linwood Ave.		Employer/Occupation/Labor Organization* Restaurant Owner		M 0	D 8
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$500.00
Form (Cash, Check, etc.) check 1972					
Full Name of Contributor Gail Baker					
Street Address 259 Garfield		Employer/Occupation/Labor Organization* Association Executive		M 0	D 8
City London		State OH	Zip Code 43140	Y 1	Amount \$125.00
Form (Cash, Check, etc.) check 4820					
Full Name of Contributor Bruce H. Burkholder, WBBB Partnership PAC					
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization* Attorney		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) check 1689					
Full Name of Contributor Thomas Hart, WBBB Partnership PAC					
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization* Attorney		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) check 1688					
Full Name of Contributor Daniel Ponton					
Street Address 6140 Dublin Road		Employer/Occupation/Labor Organization* Restaurant Owner		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$500.00
Form (Cash, Check, etc.) check 1842					
Full Name of Contributor Craig Barnum					
Street Address 5463 Heathrow Drive		Employer/Occupation/Labor Organization* Restaurant Owner		M 0	D 8
City Powell		State OH	Zip Code 43065	Y 1	Amount \$500.00
Form (Cash, Check, etc.) check 2147					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$26,250.00

Total expenditures this event.

\$152.50

Page Total \$ **\$2,625.00**