



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee ORA Columbus Local Restaurant Alliance PAC				
Full Name of Contributor Joseph and Julie Walker Kahn			Registration Number, if PAC	
Street Address 909 Gustavus Lane, Apt. B	Employer/Occupation/Labor Organization* Owner/Condado Tacos		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 06/14/2019	Amount 500.00
Full Name of Contributor Ozzem, LLC (dba Hubbard Gille)			Registration Number, if PAC	
Street Address 850 North Hamilton Road	Employer/Occupation/Labor Organization* Owner/		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 06/17/2019	Amount 500.00
Full Name of Contributor Isaac Wiles Burkholder & Teetor, LLC - Political Action Committee			Registration Number, if PAC CP-1058	
Street Address 2 Miranova Pl., Ste. 700	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Wire	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07/26/2019	Amount 1000.00
Full Name of Contributor Bruce H. Burkholder			Registration Number, if PAC	
Street Address 10291 Sylvian Drive	Employer/Occupation/Labor Organization* Attorney, Isaac Wiles Brurkholder & Teetor		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 07/29/2019	Amount 500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	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)]