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Statement of Contributions Received

Page	<u>1</u>	

Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Bostourant As	accolation Political A	-1: O		
The Central Ohio Restaurant As	SSOCIATION POINTCAL AT	ction Committee		·
Tiberias Investment and Tax SE			Registration Number, if	PAC
Street Address		upation/Labor Organization*		Form (Cash, Check, etc.)
PO Box 21367	Restaura	ant Supply	·	check 2800210001
City Columbus	State OH	Zip Code 43221	1 2 2 4 1 0	Amount \$125.00
Full Name of Contributor Sage American Bistro			Registration Number, if	PAC
Street Address	F1			
2653 North High Street	Restaura	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check 3181
City Columbus	State OH	Zip Code 43202	1 2 3 0 1 0	Amount \$125.00
Full Name of Contributor Russell L. Tuggle	Registration Number, if I	Registration Number, if PAC		
Street Address 5406 Hoover Road		Employer/Occupation/Labor Organization* Restaurant owner		Form (Cash, Check, etc.) check 1475
City Grove City	State OH	Zip Code 43123	M D Y O 1 1 1 1	Amount
Full Name of Contributor	<u> </u>		Registration Number, if F	PAC
James M. Sauter				Form (Cash, Check, etc.)
6896 Sparrow Lane	l l	Employer/Occupation/Labor Organization* restaurant supplier		
City Columbus	State OH	Zip Code 43235	0 1 2 1 1 1	Amount \$125.00
Full Name of Contributor Nicholas Manus	· · · · · · · · · · · · · · · · · · ·		Registration Number, if F	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
5959 Wilderness Drive		restaurant owner		1854 check
City New Albany	State OH	Zip Code 43051	0 2 0 2 1 1	Amount \$125.00
Full Name of Contributor Carol Bidlack			Registration Number, if P	AC
Street Address 2435 Gershawn Avenue	Employer/Occup Restauran	pation/Labor Organization* ut owner		Form (Cash, Check, etc.) 3483 check
City Grove City	State OH	Zip Code 43123	0 2 0 8 1 1	Amount \$125.00
Full Name of Contributor Randy Sokol			Registration Number, if P.	AC
Street Address 327 Chesterfield Road	Employer/Occupation/Labor Organization* Realtor/restaurant owner			Form (Cash, Check, etc.) check 10576
City Columbus	State OH	Zip Code 43209	0 1 2 B 1 1	Amount \$200.00
Full Name of Contributor James S. Mechant, Jr.			Registration Number, if Pa	
Street Address 1040 Melinda Drive	Employer/Occup Restaurant	pation/Labor Organization*		Form (Cash, Check, etc.)
City Westerville	State OH	Zip Code 43081	M D Y O 1 1	Amount \$125.00

Page Total \$1,075.00

^{*} 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)]