

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

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>Wiles, Boyle, Burkholder, Bringardner Co. L.P.A. Political Action Committee - Bruce Burkholder</b>			Registration Number, if PAC <b>CP-1058</b>	
Street Address <b>300 Spruce Street</b>	Employer/Occupation/Labor Organization* <b>lawyer</b>		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>check 2030</b>				
Full Name of Contributor <b>Wiles, Boyle, Burkholder, Bringardner Co. L.P.A. Political Action Committee - Tom Hart</b>			Registration Number, if PAC <b>CP-1058</b>	
Street Address <b>300 Spruce Street</b>	Employer/Occupation/Labor Organization* <b>lawyer</b>		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>check 2031</b>				
Full Name of Contributor <b>Randy Sokol</b>			Registration Number, if PAC	
Street Address <b>327 S. Chesterfield Road</b>	Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check 10783</b>				
Full Name of Contributor <b>Ohio Hotel PAC</b>			Registration Number, if PAC <b>OH 1127</b>	
Street Address <b>692 N. High Street, suite 212</b>	Employer/Occupation/Labor Organization* <b>Trade Association</b>		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check 1128</b>				
Full Name of Contributor <b>Andrew J. Gast</b>			Registration Number, if PAC	
Street Address <b>259 Colony Ct.</b>	Employer/Occupation/Labor Organization* <b>Restaurant manager</b>		M <b>1</b>	D <b>0</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check 2233</b>				
Full Name of Contributor <b>Daniel Ponton</b>			Registration Number, if PAC	
Street Address <b>6140 Dublin Road</b>	Employer/Occupation/Labor Organization* <b>Restaurant owner</b>		M <b>1</b>	D <b>0</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Y <b>1</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>check 2113</b>				
Full Name of Contributor <b>Dan Lewis</b>			Registration Number, if PAC	
Street Address <b>4942 Reed Road</b>	Employer/Occupation/Labor Organization* <b>Insurance sales</b>		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Y <b>1</b>	Amount <b>\$48.37</b>
Form (Cash, Check, etc.) <b>credit card payment</b>				

\* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,698.37**