

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Association Political Action Committee									
Full Name of Contributor Bruce Lackey						Registration Number, if PAC			
Street Address 2680 Lewis Centre Way			Employer/Occupation/Labor Organization* Restaurant supply			Form (Cash, Check, etc.) check 1739			
City Urbancrest		State OH	Zip Code 43123		M 0	D 5	Y 0	Y 5	Amount \$125.00
Full Name of Contributor Randy Sokol						Registration Number, if PAC			
Street Address 327 S. Chesterfield Road			Employer/Occupation/Labor Organization* Restaurant Owner/Sales			Form (Cash, Check, etc.) check 10924			
City Columbus		State OH	Zip Code 43209		M 0	D 5	Y 1	Y 1	Amount \$125.00
Full Name of Contributor Daniel T. Reese III						Registration Number, if PAC			
Street Address 1631 Birdsong Court			Employer/Occupation/Labor Organization* Restaurant Owner			Form (Cash, Check, etc.) check 5398			
City Blacklick		State OH	Zip Code 43004		M 0	D 5	Y 0	Y 5	Amount \$125.00
Full Name of Contributor Elsbeth Paige-Sack						Registration Number, if PAC			
Street Address 2632 Livingston Ave			Employer/Occupation/Labor Organization* Restaurant Management			Form (Cash, Check, etc.) check 1242			
City Columbus		State OH	Zip Code 43209		M 0	D 5	Y 1	Y 7	Amount \$125.00
Full Name of Contributor Robert J. Kramer						Registration Number, if PAC			
Street Address 196 Riverglen Dr.			Employer/Occupation/Labor Organization* Restaurant consulting			Form (Cash, Check, etc.) check 5800			
City Worthington		State OH	Zip Code 43085		M 0	D 6	Y 0	Y 1	Amount \$125.00
Full Name of Contributor Mark J. Swanson						Registration Number, if PAC			
Street Address 1193 Michigan Ave			Employer/Occupation/Labor Organization* Restaurant owner			Form (Cash, Check, etc.) check 2973			
City Columbus		State OH	Zip Code 43201		M 0	D 6	Y 0	Y 4	Amount \$125.00
Full Name of Contributor Jeff Rains						Registration Number, if PAC			
Street Address 300 W. Spring St. #1203			Employer/Occupation/Labor Organization* Restaurant Owner			Form (Cash, Check, etc.) VISA			
City Columbus		State OH	Zip Code 43215		M 0	D 6	Y 0	Y 6	Amount \$125.00
Full Name of Contributor Dan Ponton						Registration Number, if PAC			
Street Address 6140 Dublin Road			Employer/Occupation/Labor Organization* Restaurant Owner			Form (Cash, Check, etc.) check 2187			
City Dublin		State OH	Zip Code 43017		M 0	D 6	Y 1	Y 4	Amount \$125.00

* 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)]