



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee ORA Columbus Local Restaurant Alliance PAC				
Full Name of Contributor Stauf's Coffee Roasters, Ltd.			Registration Number, if PAC	
Street Address 705 Hadley Dr.	Employer/Occupation/Labor Organization* Stauf's Coffee Roasters, Ltd.		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 05/17/2019	Amount 500.00
Full Name of Contributor Jordan Restaurant Group HQ, LLC			Registration Number, if PAC	
Street Address 6628 Riverside Dr.	Employer/Occupation/Labor Organization* Ron M. Jordan, Manager/Owner		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 06/07/2019	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
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
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)]