



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> ORA Columbus Local Restaurant Alliance PAC				
Full Name of Contributor Daniel T. and Linda S. Reese			Registration Number, if PAC	
Street Address 1631 Birdsong Court	Employer/Occupation/Labor Organization* Bradford School - Director of Operations		Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 08/14/2019	Amount \$100.00
Full Name of Contributor Touchstone Hospitality LLC			Registration Number, if PAC	
Street Address 431 E. Broad Street	Employer/Occupation/Labor Organization* Robert E. Lee, III - Owner		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/14/2019	Amount \$550.00
Full Name of Contributor Middle West Spirits, LLC			Registration Number, if PAC	
Street Address 470 E. Starr Ave.	Employer/Occupation/Labor Organization* Brady Konya/ General Manager-CoFounder		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 09/06/2019	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

\*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)]

Page Total \$1,150.00