

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 Daniel Ponton					Registration Number, if PAC		
Street Address 6140 Dublin Road		Employer/Occupation/Labor Organization* restaurant owner			Form (Cash, Check, etc.) check 1970		
City Dublin	State OH	Zip Code 43017	M 0	D 8	Y 2	Amount \$250.00	
Full Name of Contributor Rodney H. Wasserstrom					Registration Number, if PAC		
Street Address 2655 Sherwood Rd.		Employer/Occupation/Labor Organization* The Wasserstrom Company, President			Form (Cash, Check, etc.) check 2024		
City Columbus	State OH	Zip Code 43209	M 0	D 8	Y 2	Amount \$500.00	
Full Name of Contributor M. Cameron Mitchell					Registration Number, if PAC		
Street Address 2000 Tremont Rd.		Employer/Occupation/Labor Organization* restaurant owner			Form (Cash, Check, etc.) check 3944		
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 3	Amount \$200.00	
Full Name of Contributor Marlene Miller					Registration Number, if PAC		
Street Address 2412 Brentwood Rd.		Employer/Occupation/Labor Organization* Cameron Mitchell Restaurants			Form (Cash, Check, etc.) check 5906		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 3	Amount \$100.00	
Full Name of Contributor Charles A. Davis					Registration Number, if PAC		
Street Address 220 Paddock Circle East		Employer/Occupation/Labor Organization* Cameron Mitchell Restaurants			Form (Cash, Check, etc.) check 1938		
City Powell	State OH	Zip Code 43065	M 0	D 9	Y 2	Amount \$50.00	
Full Name of Contributor Cathleen K. Schick					Registration Number, if PAC		
Street Address 7776 Rowles Dr.		Employer/Occupation/Labor Organization* Cameron Mitchell Restaurants			Form (Cash, Check, etc.) check 6144		
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2	Amount \$50.00	
Full Name of Contributor Stacey L. Connaughton					Registration Number, if PAC		
Street Address 2461 Hickory Bend Ct.		Employer/Occupation/Labor Organization* Cameron Mitchell Restaurants			Form (Cash, Check, etc.) check 8277		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 2	Amount \$50.00	
Full Name of Contributor Diane F. Smullen					Registration Number, if PAC		
Street Address 609 Oxford Street		Employer/Occupation/Labor Organization* Cameron Mitchell Restaurants			Form (Cash, Check, etc.) check 1640		
City Worthington	State OH	Zip Code 43085	M 0	D 9	Y 3	Amount \$50.00	

* 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)]