

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

Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Association Political Action Committee					
Full Name of Contributor Breads of the World, LLC - Judy Ketner				Registration Number, if PAC	
Street Address 2433 South Hanley Road		Employer/Occupation/Labor Organization* Restaurant owner		M 1	D 0
City St. Louis		State MO	Zip Code 63144	Y 1	Amount \$125.00
Form (Cash, Check, etc.) check 1535					
Full Name of Contributor Joseph V. Vittorio, Jr.				Registration Number, if PAC	
Street Address 4632 Scenic Drive		Employer/Occupation/Labor Organization* Restaurant owner		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$125.00
Form (Cash, Check, etc.) check 168					
Full Name of Contributor Robert J. Kramer				Registration Number, if PAC	
Street Address 196 Riverglen Dr.		Employer/Occupation/Labor Organization* Restaurant owner		M 1	D 0
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check 5681					
Full Name of Contributor Robert Himes				Registration Number, if PAC	
Street Address 4654 Groves Road		Employer/Occupation/Labor Organization* Caterer		M 1	D 0
City Columbus		State OH	Zip Code 43232	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check 002034					
Full Name of Contributor Touchstone Hospitality, LLC - Robert E. Lee III				Registration Number, if PAC	
Street Address 85 E. Gay Street		Employer/Occupation/Labor Organization* Restaurant owner		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$125.00
Form (Cash, Check, etc.) check 1014					
Full Name of Contributor Kathy Zay Levi				Registration Number, if PAC	
Street Address 1272 Amberlea Drive East		Employer/Occupation/Labor Organization* Restaurant owner		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check 6918					
Full Name of Contributor James E. Ellison				Registration Number, if PAC	
Street Address 117 E. Beechwood Blvd.		Employer/Occupation/Labor Organization* Restaurant owner		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check 1013					

* 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 \$ **\$575.00**