



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee ORA Columbus Local Restaurant Alliance PAC				
Full Name of Contributor Robert L. Himes			Registration Number, if PAC	
Street Address 360 Field Harvest Ave.		Employer/Occupation/Labor Organization* Himes Vending & A Catered Event		Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 11/20/2019	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
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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)]