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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Ass	sociation Political A	ction Committee		
Full Name of Contributor Daniel J. Denoble		Registration Number, if PAC N/A		
Street Address 6000 Holywell Dr.	' '	Employer/Occupation/Labor Organization Restaurant owner		Form (Cash, Check, etc.) check 8444
City Dublin	State OH	Zip Code 43017	0 7 1 9 1 2	Amount \$125.00
Full Name of Contributor Minico's Italian - Joseph Vittorio		Registration Number, if PAC N/A		
Street Address 4632 Scenic Drive		Employer/Occupation/Labor Organization* Restaurant		Form (Cash, Check, etc.) Check 1593
City Columbus	State OH	Zip Code 43214	0 7 0 8 1 2	Amount \$125.00
Full Name of Contributor Mark Buccilla			Registration Number, if PAC N/A	
Street Address 391 Rambling Brook Drive	Employer/Occu Restaura	pation/Labor Organization* nt owner		Form (Cash, Check, etc.) Check 4498
City Pickerington	State OH	Zip Code 43147	0 7 2 6 1 2	Amount \$125.00
Full Name of Contributor William Glover, Sage American Bistro, LLC		Registration Number, if I	PAC	
Street Address 2653 North High Street		Employer/Occupation/Labor Organization* Restaurant owner		Form (Cash, Check, etc.) Check 5511
City Columbus	State OH	Zip Code 43202	0 7 2 3 1 2	Amount \$125.00
Name of Contributor Charles J. Deibel		Registration Number, if PAC N/A		
Street Address 2095 Tremont Road	1	Employer/Occupation/Labor Organization* Restaurant Supplier		Form (Cash, Check, etc.) check 4823
City Columbus	State OH	Zip Code 43221	0 8 0 8 1 2	Amount \$125.00
Full Name of Contributor Russell L. Tuggle		Registration Number, if PAC N/A		
Street Address 5406 Hoover Road		Employer/Occupation/Labor Organization* Restaurant Owner		Form (Cash, Check, etc.) check 1548
City Grove City	State OH	Zip Code 43123	0 8 2 1 1 2	Amount \$125.00
Full Name of Contributor Linda Sebok			Registration Number, if I	PAC
Street Address 5857 Myrick Road	Employer/Occupation/Labor Organization* Restaurant supplier			Form (Cash, Check, etc.) check 5023
City Dublin	State OH	Zip Code 43016	M D Y 0 8 2 1 1 2	Amount \$125.00
Full Name of Contributor Joseph Vittorio	<u> </u>	•	Registration Number, if I	PAC .
Street Address 4632 Scenic Drive	Employer/Occo Restaurar	ipation/Labor Organization		Form (Cash, Check, etc.) check 187
City Columbus	State OH	Zip Code	0 8 2 1 1 2	Amount \$125.00

Page Total \$1,000.00

^{*} 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)]