

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Central Ohio Restaurant Association Political Action Committee									
To Whom Paid Expenditures From Form 31-F (Michael O'Dell, Receipt attached)						M	D	Y	Amount
						0	9	2	\$152.50
Address 41 S. High Street, Ste. 2300				Purpose Reimbursement for fundraising event expenses					
City Columbus		State OH	Zip Code 43215	Check Number 105					
To Whom Paid Mentel for Council Committee, Donald J. McTigue, Treasurer (check outstanding)						M	D	Y	Amount
						1	0	\$500.00	
Address 550 E. Walnut Street				Purpose Campaign Contribution					
City Columbus		State OH	Zip Code 43215	Check Number 106					
To Whom Paid Ohio Restaurant Association Political Action Committee (check outstanding)						M	D	Y	Amount
						1	0	\$5,000.00	
Address 1525 Bethel Road				Purpose Contribution to State Affiliate Association PAC					
City Columbus		State OH	Zip Code 43220	Check Number 107					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					