3	1	-	A				
R	. (	-	35	1	7	1	n

## **Statement of Contributions Received**

	1
Page	·

Prescribed by Secretary of State 03/05

Name of Committee in Full		<del></del>	<del></del>					
The Central Ohio Restaurant Associa	ation Political Ad	ction Committee						
Full Name of Contributor			Registr	ation Nu	nnber, if P	AC		
Spinelli / Ward, Inc.								
Street Address		ipation/Labor Organization*	<del></del>	******		Form (Cash, Check, etc.)		
767 Neil Ave.	·	Spinelli's Deli				check 22535		
City Columbus	State OH	Zip Code 43215	0 <sup>M</sup> 8	D 2 4	1 O	Amount \$125.00		
Full Name of Contributor			Registr	ation No	unber, if P	AC		
Charles J. Deibel Company								
Street Address 2095 Tremont Rd.		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		Bevinco State Zip Code			1 55	check 6267		
Columbus	OH.	Zip Code 43221	0 <sup>M</sup> 8	2 3	1 O	Amount \$25.00		
Full Name of Contributor Joseph V. Vittorio/Ricardo's Restauran		Registration Number, if PAC						
Street Address		pation/Labor Organization*	<b>k</b>		Form (Cash, Check, etc.)			
4632 Scenic Dr.		Ricardo's Restaurant						
City Columbus	State OH	Zip Code 43214	0 8	2 4	1 0	Amount \$25.00		
Full Name of Contributor			Registr	ation Nu	mber, if P	AC .		
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor	On		Pagintre	Non No	mber, if P/	16		
			Kegisu	311011 14th	mber, ii rz			
Street Address	Employer/Occup		·····		Form (Cash, Check, etc.)			
		Ü						
City	State OH	Zip Code	M	D	Y	Атоилт		
Full Name of Contributor		<u> </u>	Registra	ition Nu	nber, if PA	AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization			Form (Cash, Check, et			
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Nu	nber, if PA	AC .		
Street Address						S(C)- (C) -1 -(.)		
	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor	<u> </u>		Registra	tion Nur	nber, if PA	.C		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	T* 1, 2* **	T 72	l wi	A		
	OH	Zip Code	M		Y	Amount		

Page Total \$175.00

<sup>\*</sup> 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)]