

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 Contributors of \$25.00 or less | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | 0 | 8 | 2 |
| City | State | Zip Code | 4 | 1 | 0 |
| | OH | | | | |
| Form (Cash, Check, etc.) cash + checks | | | | Amount \$275.00 | |
| Full Name of Contributor Mary Jane T. Himes | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 360 Field Harvest Ave. | Owner - catering company | | 0 | 8 | 2 |
| City | State | Zip Code | 4 | 1 | 0 |
| Pickerington | OH | 43147 | | | |
| Form (Cash, Check, etc.) check 6511 | | | | Amount \$50.00 | |
| Full Name of Contributor Craig L. Barnum | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 5463 Heathrow Dr. | restaurant owner | | 0 | 8 | 2 |
| City | State | Zip Code | 4 | 1 | 0 |
| Powell | OH | 43065 | | | |
| Form (Cash, Check, etc.) check 1149 | | | | Amount \$250.00 | |
| Full Name of Contributor Bruce Lackey | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 2680 Lewis Centre Way | Merry Milk Maid - vendor | | 0 | 8 | 2 |
| City | State | Zip Code | 4 | 1 | 0 |
| Urbancrest | OH | 43123 | | | |
| Form (Cash, Check, etc.) check 1615 | | | | Amount \$150.00 | |
| Full Name of Contributor Rehmodeling, LLC | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 1251 Essex Avenue | restaurant supplier | | 0 | 8 | 2 |
| City | State | Zip Code | 4 | 1 | 0 |
| Columbus | OH | 43201 | | | |
| Form (Cash, Check, etc.) check 1681 | | | | Amount \$50.00 | |
| Full Name of Contributor Gail Baker | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 259 Garfield Ave. | CORA, Executive Director | | 0 | 8 | 2 |
| City | State | Zip Code | 4 | 1 | 0 |
| London | OH | 43140 | | | |
| Form (Cash, Check, etc.) check 4882 | | | | Amount \$125.00 | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | OH | | | | |
| Form (Cash, Check, etc.) | | | | 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)]

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

\$900.00

Total expenditures this event.

\$0.00

Page Total \$ 900.00