

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Central Ohio Restaurant Association Political Action Committee						
Full Name of Contributor Bruce Lackey				Registration Number, if PAC		
Street Address 2680 Lewis Centre Way		Employer/Occupation/Labor Organization* Restaurant owner			Form (Cash, Check, etc.) check 1685	
City Urbancrest		State OH	Zip Code 43123	M 0	D 8	Y 1 9 1
				Amount \$125.00		
Full Name of Contributor Robert Himes				Registration Number, if PAC		
Street Address 4654 Groves Road		Employer/Occupation/Labor Organization* Caterer			Form (Cash, Check, etc.) check 2026	
City Columbus		State OH	Zip Code 43232	M 0	D 8	Y 2 4 1 1
				Amount \$125.00		
Full Name of Contributor James M. Sauter				Registration Number, if PAC		
Street Address 6896 Sparrow Ln.		Employer/Occupation/Labor Organization* Restaurant owner			Form (Cash, Check, etc.) check 1350	
City Columbus		State OH	Zip Code 43235	M 0	D 8	Y 2 6 1 1
				Amount \$125.00		
Full Name of Contributor Randy Sokol				Registration Number, if PAC		
Street Address 327 S. Chesterfield Road		Employer/Occupation/Labor Organization* Realtor			Form (Cash, Check, etc.) check 10743	
City Columbus		State OH	Zip Code 43209	M 0	D 8	Y 2 9 1 1
				Amount \$125.00		
Full Name of Contributor Mark Buccilla				Registration Number, if PAC		
Street Address 391 Rambling Brook Drive		Employer/Occupation/Labor Organization* Restaurant owner			Form (Cash, Check, etc.) check 4301	
City Pickerington		State OH	Zip Code 43147	M 0	D 8	Y 3 0 1 1
				Amount \$125.00		
Full Name of Contributor James Ellison				Registration Number, if PAC		
Street Address 117 E. Beechwold Blvd		Employer/Occupation/Labor Organization* Restaurant owner			Form (Cash, Check, etc.) check 1011	
City Columbus		State OH	Zip Code 43214	M 0	D 8	Y 3 1 1 1
				Amount \$125.00		
Full Name of Contributor Nick Ailabouni				Registration Number, if PAC		
Street Address 2231 Red Barn Street		Employer/Occupation/Labor Organization* Restaurant owner			Form (Cash, Check, etc.) check 713	
City Delaware		State OH	Zip Code 43015	M 0	D 9	Y 0 3 1 1
				Amount \$125.00		
Full Name of Contributor James Merchant				Registration Number, if PAC		
Street Address 1040 Melina Drive		Employer/Occupation/Labor Organization* Restaurant supply			Form (Cash, Check, etc.) check 7539	
City Westerville		State OH	Zip Code 43081	M 0	D 9	Y 0 6 1
				Amount \$125.00		

* 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)]