

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |                    |  |               |                             |   |                           |
|--|--------------------|--|---------------|-----------------------------|---|---------------------------|
| Name of Committee in Full<br><b>Central Ohio Restaurant Association Political Action Committee</b> |                    |  |               |                             |   |                           |
| Full Name of Contributor<br><b>Regina Z. Adkins</b>  |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address<br><b>103 S. Cassidy Avenue</b>   |                    | Employer/Occupation/Labor Organization*<br><b>restaurant owner</b>     |               |                             | Form (Cash, Check, etc.)<br><b>check #1280</b>  |                           |
| City<br><b>Bexley</b>  | State<br><b>OH</b> | Zip Code<br><b>43209</b>   | M<br><b>0</b> | D<br><b>1</b>               | Y<br><b>2 0 0 9</b>                             | Amount<br><b>\$125.00</b> |
| Full Name of Contributor<br><b>Bruce Lackey</b>  |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address<br><b>2680 Lewis Centre Way</b>   |                    | Employer/Occupation/Labor Organization*<br><b>restaurant owner</b>     |               |                             | Form (Cash, Check, etc.)<br><b>check # 1493</b> |                           |
| City<br><b>Urbancrest</b>  | State<br><b>OH</b> | Zip Code<br><b>43123</b>   | M<br><b>0</b> | D<br><b>1</b>               | Y<br><b>2 5 0 9</b>                             | Amount<br><b>\$125.00</b> |
| Full Name of Contributor<br><b>Robert Himes</b>  |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address<br><b>4654 Groves Road</b>  |                    | Employer/Occupation/Labor Organization*<br><b>restaurant supplier</b>  |               |                             | Form (Cash, Check, etc.)<br><b>check #1626</b>  |                           |
| City<br><b>Columbus</b>  | State<br><b>OH</b> | Zip Code<br><b>43232</b>   | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>2 0 0 9</b>                             | Amount<br><b>\$260.00</b> |
| Full Name of Contributor<br><b>Mary Linda Morris</b>   |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address<br><b>7178 Muirfield Drive</b>  |                    | Employer/Occupation/Labor Organization*<br><b>LLC/restaurant owner</b> |               |                             | Form (Cash, Check, etc.)<br><b>check # 6782</b> |                           |
| City<br><b>Dublin</b>  | State<br><b>OH</b> | Zip Code<br><b>43017</b>   | M<br><b>0</b> | D<br><b>2</b>               | Y<br><b>0 3 0 9</b>                             | Amount<br><b>\$125.00</b> |
| Full Name of Contributor   |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address   |                    | Employer/Occupation/Labor Organization*                                |               |                             | Form (Cash, Check, etc.)                        |                           |
| City   | State<br><b>OH</b> | Zip Code   | M             | D                           | Y   | Amount                    |
| Full Name of Contributor   |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address   |                    | Employer/Occupation/Labor Organization*                                |               |                             | Form (Cash, Check, etc.)                        |                           |
| City   | State<br><b>OH</b> | Zip Code   | M             | D                           | Y   | Amount                    |
| Full Name of Contributor   |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address   |                    | Employer/Occupation/Labor Organization*                                |               |                             | Form (Cash, Check, etc.)                        |                           |
| City   | State<br><b>OH</b> | Zip Code   | M             | D                           | Y   | Amount                    |
| Full Name of Contributor   |                    |  |               | Registration Number, if PAC |   |                           |
| Street Address   |                    | Employer/Occupation/Labor Organization*                                |               |                             | Form (Cash, Check, etc.)                        |                           |
| City   | State<br><b>OH</b> | Zip Code   | M             | D                           | Y   | 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)]