

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Dr. Jan Gorniak							
Full Name of Contributor Sam D. Stout						Registration Number, if PAC	
Street Address 4150 Alward Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Pataskala		State OH	Zip Code 43062	M 0	D 1	Y 2	Amount \$25.00
Full Name of Contributor Eric S. Ward						Registration Number, if PAC	
Street Address 7763 Cromwell End			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Albany		State OH	Zip Code 43054	M 0	D 1	Y 2	Amount \$500.00
Full Name of Contributor Kenan J. Sauder						Registration Number, if PAC	
Street Address 62 Boylston St. #525			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Boston		State MA	Zip Code 02116	M 0	D 1	Y 2	Amount \$75.00
Full Name of Contributor Diane W. Shelby						Registration Number, if PAC	
Street Address 411 T St. NW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Washington D.C.		State DC	Zip Code 20001	M 0	D 1	Y 2	Amount \$500.00
Full Name of Contributor Marie Thompson						Registration Number, if PAC	
Street Address P.O. Box 562			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bronx		State NY	Zip Code 10431	M 0	D 1	Y 2	Amount \$500.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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)]