

# Ohio Campaign Finance Report

08 DEC 12 PM 3:37

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <i>Friends of Dr. Jan Gornick</i>						Registration Number, if PAC				
Full Name of Candidate <i>Dr. Jan Gornick</i>										
Street Address <i>7374 Claddagh Lane</i>				Office Sought <i>Franklin County Council</i>		District				
City <i>Dublin</i>				State <i>OH</i>		Zip Code <i>43016</i>				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M <i>11</i> D <i>04</i> Y <i>08</i>				

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	<i>5625</i>	<i>20</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>6235</i>	<i>16</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>	<i>00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>11860</i>	<i>36</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>11834</i>	<i>59</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>25</i>	<i>77</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>2283</i>	<i>36</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

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Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

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Expenditure pages 1

Other pages 2

Total pages 6

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Dr. Tom Coonrat</i>									
To Whom Paid <i>Graphic T's</i>						M	D	Y	Amount
Address <i>Main St.</i>						<i>10</i>	<i>14</i>	<i>08</i>	<i>1401.09</i>
City <i>Groveport</i>				Purpose <i>Yard Signs</i>		Check Number <i>VISA</i>			
State <i>OH</i>		Zip Code <i>43125</i>							
To Whom Paid <i>Pay Pal</i>						M	D	Y	Amount
Address <i></i>						<i>10</i>	<i>14</i>	<i>08</i>	<i>39.23</i>
City <i></i>				Purpose <i>Transaction Fees</i>		Check Number <i></i>			
State <i></i>		Zip Code <i></i>							
To Whom Paid <i>Radio One</i>						M	D	Y	Amount
Address <i>350 E. 1st Ave Suite 100</i>						<i>10</i>	<i>30</i>	<i>08</i>	<i>3446.00</i>
City <i>Columbus</i>				Purpose <i>Advertising</i>		Check Number <i>VISA</i>			
State <i>OH</i>		Zip Code <i>43201</i>							
To Whom Paid <i>Columbus Radio Group</i>						M	D	Y	Amount
Address <i>4401 Cassady W. Way</i>						<i>10</i>	<i>31</i>	<i>08</i>	<i>2203.75</i>
City <i>Columbus</i>				Purpose <i>Advertising</i>		Check Number <i>VISA</i>			
State <i>OH</i>		Zip Code <i>43220</i>							
To Whom Paid <i>Kroger</i>						M	D	Y	Amount
Address <i>7625 Sawmill Rd.</i>						<i>10</i>	<i>25</i>	<i>08</i>	<i>42.00</i>
City <i>Dublin</i>				Purpose <i>Postage</i>		Check Number <i>CASH</i>			
State <i>OH</i>		Zip Code <i>43016</i>							
To Whom Paid <i>Call &amp; Post Newspapers</i>						M	D	Y	Amount
Address <i>750 E. Long St</i>						<i>10</i>	<i>21</i>	<i>08</i>	<i>815.22</i>
City <i>Columbus</i>				Purpose <i>Advertising</i>		Check Number <i>1012</i>			
State <i>OH</i>		Zip Code <i>43203</i>							
To Whom Paid <i>OHIO AFL-CIO Com.</i>						M	D	Y	Amount
Address <i>395 E. Broad Suite 300</i>						<i>12</i>	<i>03</i>	<i>08</i>	<i>336.80</i>
City <i>Columbus</i>				Purpose <i>Radio calls</i>		Check Number <i>1015</i>			
State <i>OH</i>		Zip Code <i>43215</i>							
To Whom Paid <i>Tactical Edge</i>						M	D	Y	Amount
Address <i>909 Harrison Ave. Suite</i>						<i>10</i>	<i>23</i>	<i>08</i>	<i>3550.00</i>
City <i>Columbus</i>				Purpose <i></i>		Check Number <i></i>			
State <i>OH</i>		Zip Code <i>43215</i>							

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Dr Jan Gorniak</b>			
Full Name of Contributor <b>Ohio Democratic Party</b>		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address <b>340 East Fulton Street</b>		Description of Item or Service <b>Phone Calls</b>	M   D   Y   Fair Market Value <b>1   1   1   0   8   2,283.36</b>
City <b>Columbus</b>		State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M   D   Y   Fair Market Value
City		State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Friends of Dr. Jim Gorkovak							
Friends of Heard							
2603 Burnaby Dr.					Check		
Columbus	OH	43209	10	14	08	250.00	
Michael Lewis							
101 S. Virginia Lee Rd.						Check	
Columbus	OH	43209	10	14	08	100.00	
Jens Williams							
6367 Portsmouth Dr.						Check	
Rey	OH	43065	10	18	08	25.00	
Saami Fatoba							
2031 Tupasfield Rd						Check	
Columbus	OH	43229	10	18	08	50.00	
Tunde OluFade							
6145 George Fox Dr.						Cash	
Calloway	OH	43119	10	18	08	25.00	
Anthony Udeagbala							
2046 Havenwood Pl						Check	
Blacklick	OH	43004	10	18	08	150.00	
Oye Olatoye							
8372 Somerset Way						Check	
Dublin	OH	43017	10	18	08	2500.00	
Parsella Robey							
372 Cumberland Dr.						Check	
Whitehall	OH	43213	10	18	08	50.00	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Dr. Jan Gorniak						Registration Number, if PAC	
Marie Thompson						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
185 E. 163rd St.						Check	
City	State	Zip Code	M	D	Y	Amount	
Brown	OH	10451	10	18	08	100.00	
Carl Green						Registration Number, if PAC	
P.O. Box 9704						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
P.O. Box 9704						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43209	10	18	08	100.00	
Karen Foley						Registration Number, if PAC	
4898 Sharon Ave						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4898 Sharon Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43214	10	24	08	75.00	
Robert D. Weisman						Registration Number, if PAC	
7277 Pennyroyal Pl.						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7277 Pennyroyal Pl.						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	10	24	08	500.00	
Steven Cox						Registration Number, if PAC	
1302 S. Columbus Avenue Rd.						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1302 S. Columbus Avenue Rd.						PayPal	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43207	10	24	08	210.16	
Friends of Martin Harris						Registration Number, if PAC	
5145 Holbrook Dr						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5145 Holbrook Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43232	10	28	08	100.00	
Judge John A. Connor II						Registration Number, if PAC	
436 W. Fifth Ave.						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
436 W. Fifth Ave.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43201	10	29	08	100.00	
FCDP Campaign Com.						Registration Number, if PAC	
271 E. State St.						Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
271 E. State St.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215				1150.00	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Friends of Dr. Jan Gorniak</i>							
Full Name of Contributor <i>Margaret O'Shaughnessy Com.</i>					Registration Number, if PAC		
Street Address <i>405 E. Town St.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>		
City <i>Columbus</i>	State	Zip Code <i>43215</i>	M <i>11</i>	D <i>02</i>	Y <i>08</i>	Amount <i>750.00</i>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	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	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	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	Zip Code	M	D	Y	Amount	

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