

FILED

Statement of Contributions Received

08 JUL 10 PM 3:26

Prescribed by Secretary of State 03/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
FRIENDS OF DR JAN CORNIAK				CHECK	
Full Name of Contributor RAYMOND D. + JANET A. MILLER		Registration Number, if PAC			
Street Address 390 CHARLESCARL DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City POWELL		State OH	Zip Code 43065	M D Y 02 15 08	Amount 50.00
Full Name of Contributor DAVID + PATRICIA METLESITZ		Registration Number, if PAC			
Street Address 1400 MAEPA TRAIL		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City PARMA		State OH	Zip Code 44134	M D Y 02 17 08	Amount 25.00
Full Name of Contributor VALERIE WILSON		Registration Number, if PAC			
Street Address 182 17th Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City PATERSON		State OH	Zip Code 47504	M D Y 02 20 08	Amount 25.00
Full Name of Contributor AISHA WILSON		Registration Number, if PAC			
Street Address 103 WESTERVETH PLACE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City LODI		State OH	Zip Code 47644	M D Y 02 20 08	Amount 20.00
Full Name of Contributor JOSEPH + LISA MCKINLEY		Registration Number, if PAC			
Street Address 3111 ALSHIRE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH	Zip Code 43017	M D Y 02 22 08	Amount 100.00
Full Name of Contributor ROBERT + INKA MAJOR		Registration Number, if PAC			
Street Address 7333 CLADDAGH CANY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH	Zip Code 43016	M D Y 02 22 08	Amount 50.00
Full Name of Contributor ANN DEVAUGHN		Registration Number, if PAC			
Street Address 900 GRAND CONCOURSE APT 16N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City BRONX		State OH	Zip Code 10451	M D Y 02 25 08	Amount 35.00
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

* 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)]