

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |                                   |   |                |   |                |
|--|-----------------------------------|---|----------------|---|----------------|
| Name of Committee in Full<br><i>FRIENDS OF DR. JAN GORNIAK</i> |                                   |   |                |   |                |
| Full Name of Contributor<br><i>DR. STEWART D. RYCKMAN</i>      |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>1468 Brookpark Dr.</i>                    |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><i>CHECK</i>  |                |
| City<br><i>Mansfield</i>                                       | State<br><i>OH</i>                | Zip Code<br><i>44906</i>                | M<br><i>03</i> | D<br><i>17</i>                            | Y<br><i>08</i> |
| Amount<br><i>100.00</i>  |                                   |   |                |   |                |
| Full Name of Contributor<br><i>Gloria John</i>                 |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>1261 5th Ave</i>                          |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><i>CHECK</i>  |                |
| City<br><i>New York</i>  | State<br><del>OH</del> <i>NY</i>  | Zip Code<br><i>10029</i>                | M<br><i>03</i> | D<br><i>17</i>                            | Y<br><i>08</i> |
| Amount<br><i>100.00</i>  |                                   |   |                |   |                |
| Full Name of Contributor<br><i>Delva. M. Haynes</i>            |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>464 Clinton Ave Apt 3B</i>                |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><i>CHECK</i>  |                |
| City<br><i>BROOKLYN</i>  | State<br><del>OH</del> <i>NY</i>  | Zip Code<br><i>11238</i>                | M<br><i>03</i> | D<br><i>17</i>                            | Y<br><i>08</i> |
| Amount<br><i>100.00</i>  |                                   |   |                |   |                |
| Full Name of Contributor<br><i>FRANK P. MILLER III</i>         |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>9136 Millstream Circle</i>                |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)                  |                |
| City<br><i>Olmsted Falls</i>                                   | State<br><i>OH</i>                | Zip Code<br><i>44138</i>                | M<br><i>03</i> | D<br><i>28</i>                            | Y<br><i>08</i> |
| Amount<br><i>1000.00</i>                                       |                                   |   |                |   |                |
| Full Name of Contributor<br><i>DR. FRANK MILLER FOR CORNER</i> |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>12910 Clifton Blvd.</i>                   |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><i>CHECK</i>  |                |
| City<br><i>Lakewood</i>  | State<br><i>OH</i>                | Zip Code<br><i>44107</i>                | M<br><i>03</i> | D<br><i>28</i>                            | Y<br><i>08</i> |
| Amount<br><i>1500.00</i>                                       |                                   |   |                |   |                |
| Full Name of Contributor<br><i>REGINA TERMINI</i>              |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>47 Argyle Rd.</i>                         |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><i>PAY/AL</i> |                |
| City<br><i>ALBERTSON</i>                                       | State<br><del>OH</del> <i>NY</i>  | Zip Code<br><i>11507</i>                | M<br><i>04</i> | D<br><i>11</i>                            | Y<br><i>08</i> |
| Amount<br><i>150.00</i>  |                                   |   |                |   |                |
| Full Name of Contributor<br><i>JEM</i>                         |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>2101 S. Hamilton Rd. Suite 208</i>        |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)<br><i>check</i>  |                |
| City<br><i>Columbus</i>  | State<br><i>OH</i>                | Zip Code<br><i>43232</i>                | M<br><i>04</i> | D<br><i>14</i>                            | Y<br><i>08</i> |
| Amount<br><i>200.00</i>  |                                   |   |                |   |                |
| Full Name of Contributor<br><i>Pam Tinney</i>                  |                                   |   |                | Registration Number, if PAC               |                |
| Street Address<br><i>215 The Glen</i>                          |                                   | Employer/Occupation/Labor Organization* |                | Form (Cash, Check, etc.)                  |                |
| City<br><i>Tamiment</i>  | State<br><del>OH</del> <i>PA.</i> | Zip Code<br><i>18371</i>                | M<br><i>04</i> | D<br><i>21</i>                            | Y<br><i>08</i> |
| Amount<br><i>50.00</i>   |                                   |   |                |   |                |

\* 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)]