

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>FRIENDS OF DR JAN CORNIAK</i>							
Full Name of Contributor <i>Tyrone Small</i>						Registration Number, if PAC	
Street Address <i>8106 Condor St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Tampa</i>		State <i>OH</i>	Zip Code <i>FL 33621</i>	M <i>0</i>	D <i>5</i>	Y <i>01</i>	Amount <i>250.00</i>
Full Name of Contributor <i>David Applegate</i>						Registration Number, if PAC	
Street Address <i>945 Walker Woods Lane</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Marietta</i>		State <i>OH</i>	Zip Code <i>43040</i>	M <i>0</i>	D <i>5</i>	Y <i>02</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Robert & Lynn Sowards</i>						Registration Number, if PAC	
Street Address <i>7341 Claddagh Lane</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43016</i>	M <i>0</i>	D <i>5</i>	Y <i>02</i>	Amount <i>100.00</i>
Full Name of Contributor <i>James & Emily Bliss</i>						Registration Number, if PAC	
Street Address <i>7358 Claddagh Lane</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43016</i>	M <i>0</i>	D <i>5</i>	Y <i>02</i>	Amount <i>75.00</i>
Full Name of Contributor <i>Raymond Miller</i>						Registration Number, if PAC	
Street Address <i>390 Charlescreek Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Powell</i>		State <i>OH</i>	Zip Code <i>43065</i>	M <i>0</i>	D <i>5</i>	Y <i>02</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Jeanne Falter</i>						Registration Number, if PAC	
Street Address <i>7325 Claddagh Lane</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43016</i>	M <i>0</i>	D <i>5</i>	Y <i>02</i>	Amount <i>20.00</i>
Full Name of Contributor <i>IBEW - COPE</i>						Registration Number, if PAC	
Street Address <i>900 Seventh St NW</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Washington</i>		State <i>DC</i>	Zip Code <i>20001</i>	M <i>0</i>	D <i>5</i>	Y <i>05</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Robert Parker</i>						Registration Number, if PAC	
Street Address <i>176 Seymour Place</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Granville</i>		State <i>OH</i>	Zip Code <i>43023</i>	M <i>0</i>	D <i>5</i>	Y <i>06</i>	Amount <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)]