Résumé

Bedford Court

CONFIDENTIAL

GOVERNMENT EXHIBIT
954
1:10CR387

Gina Meuti~Coppers

[redacted]
Twinsburg Oh [redacted]
330-425-4204 Home
216-401-2975 Cell Phone
GMEUTI@[redacted].COM

Executive Summary:

- Executed daily operations of senior citizens / special assistance office.
- Wrote, designed and produced computerized reports for health care and transportation.
- Reviewed activity reports to ensure that personnel accomplished accurate scheduling of transpotation needs and updated health information.
- Was instrumental in developing health care information program for residents.
- Prepared and submitted activity reports to the State of Ohio.
- Supervised and managed senior citizens and special assistance office for a municipality.
- Supervised 10 employees, scheduled work hours, resolved conflicts, determined salaries.

Accomplishments:

Director of Department
Designed Emergency Medical Information Program

Experience:

August 2005 to Present	The Goddard School **Teacher**	Twinsburg, Ohio
November 1988 to April 2000	The City of Bedford Heights **Senior Citizens / Special Assistance Coordinator**	Bedford Heights, Ohio
June 1983 to July 1988	Divita's Bi-Rite **Head Cashier**	Shaker Heights, Ohio

Education:

Ohio Association of Senior Centers **Aging Administrator**	Deer Creek, Ohio 1996
Bedford High School **Graduate**	Bedford, Ohio 1987

Additional Training:

Computer Programs
CPR
First Aid
Child Abuse
Communicable Diseases
State of Ohio Job & Family Services Guidelines

Community: Worked with residents of all ages in the community.
Board member of Bedford Heights Home Days Committee.
Focused in senior citizens and special needs individuals.
Volunteered for many community events.

Other:

- Well organized and efficient.
- Strong background in all phases of scheduling.
- Skilled with computer systems and software.
- Self-motivated and assertive.
- Scheduled transportation for clients.
- Quickly learn procedures and methods.
- Proven record of working within a budget.
- Professional demeanor.
- Enjoy working with people.
- Dependable - can work without supervision.
- Committed to assisting others.
- Planned activities, programs and special events.

References: Excellent professional references available upon request.

BEDFORD MUNICIPAL COURT

165 Center Road
Bedford, Oh 44146
(440) 232-3420 FAX (440) 232-2510

PETER J. JUNKIN
Presiding Judge

BRIAN J. MELLING
Judge

THOMAS E. DAY, JR.
Clerk of Court

July 21, 2008

Frank Gambosi, Finance Director
City of Bedford
165 Center Road
Bedford, Ohio 44146

Dear Mr. Gambosi,

Enclosed, you will find paperwork for Gina A. Meuti-Coppers. The Bedford Municipal Court has hired Mrs. Meuti-Coppers as a part-time Deputy Clerk effective July 15, 2008. Further, her pay rate is $16.50 per hour.

If you have any questions, please feel free to contact me at extension 6700.

Sincerely,

Thomas E. Day, Jr.
Clerk of Court

TED/lc

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Meuti-Coppers	Gina	A	Gina Ann Meuti

Address: Street Name and Number	City	State	ZIP Code
[redacted]	Twinsburg	Oh	[redacted]

Date of Birth (Month/Day/Year)	Social Security Number
[redacted] 1968	[redacted]

I attest, under penalty of perjury, that I am (check a box):

☒ 1. A citizen or national of the United States.

☐ 2. An alien lawfully admitted for permanent residence (Alien Number A _____).

☐ 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
Gina Meuti-Coppers	7/15/08

PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:
Examine one document from List A and check the appropriate box, ***OR*** examine one document from List B ***and*** one from List C and check the appropriate boxes. Provide the ***Document Identification Number*** and ***Expiration Date*** for the document checked.

List A Documents that Establish Identity and Employment Eligibility		List B Documents that Establish Identity	and	List C Documents that Establish Employment Eligibility
1. United States Passport		☒ 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) Ohio		☒ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
2. Certificate of United States Citizenship				☐ 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
3. Certificate of Naturalization		☐ 2. U.S. Military Card		
4. Unexpired foreign passport with attached Employment Authorization		☐ 3. Other (Specify document and issuing authority)		☐ 3. Unexpired INS Employment Authorization Specify form #
5. Alien Registration Card with photograph				
Document Identification		*Document Identification* # [redacted] 7254		*Document Identification* # [redacted] 5137
Expiration Date (if any)		*Expiration Date (if any)* 12-29-2008		*Expiration Date (if any)*

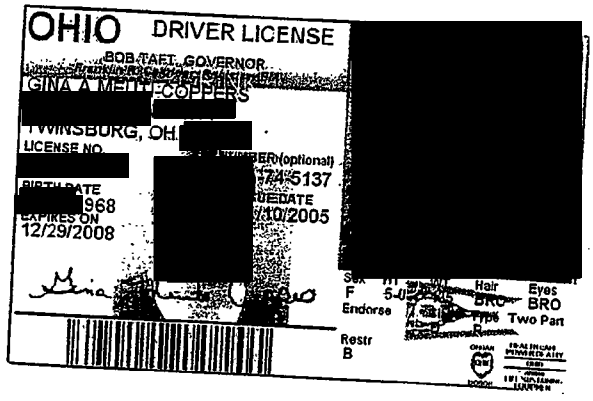
CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Thomas E. Day	Thomas E. Day, Jr., Clerk of Court	

Employer Name	Address	Date
Bedford Municipal Court	165 Center Road, Bedford, Ohio 44146	7/17/08

Form I-9 (05/07/87)
OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service


OHIO DRIVER LICENSE
BOB TAFT, GOVERNOR
GINA A MEITH-COPPERS
[redacted]
TWINSBURG, OH [redacted]
LICENSE NO.
[redacted]
BIRTH DATE
[redacted]1968
EXPIRES ON
12/29/2008
[redacted]
[redacted]
Sex
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Endorse
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B
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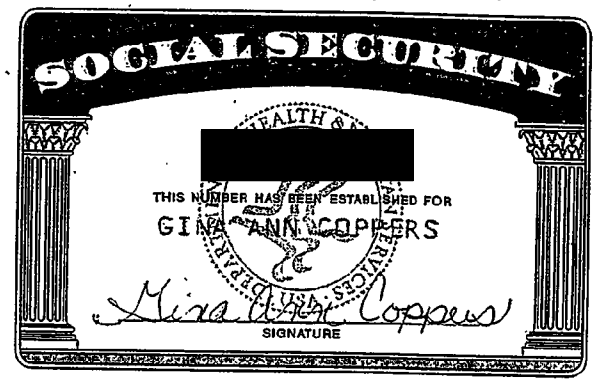
BRO
Eyes
BRO
Two Part


SOCIAL SECURITY
[redacted]
THIS NUMBER HAS BEEN ESTABLISHED FOR
GINA ANN COPPERS
SIGNATURE

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $900 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. . . B _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . E _____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F _____
(**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $58,000 ($86,000 if married), enter "2" for each eligible child.
- If your total income will be between $58,000 and $84,000 ($86,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. G _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ H _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074
2008

1 Type or print your first name and middle initial: Gina A. | Last name: Mecti-Coppers [redacted]

[redacted] or rural route) [redacted]

City or town, state, and ZIP code: Twinsburg Oh [redacted]

3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | 5 | 0

6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 | $ 0

7 I claim exemption from withholding for 2008, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had no tax liability and
- This year I expect a refund of **all** federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it.) ▶ Gina Mecti-Coppers Date ▶ 7/15/08

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
Bedford Municipal Court 165 Center Rd. Bedford, OH 44146

9 Office code (optional)

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2008)

DEPARTMENT OF TAXATION (11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name Gina Merti-Coppers Social Security No. [redacted]

Address [redacted] Twinsburg Oh [redacted]

Public School District of Residence Twinsburg School District No. _____

1. Personal exemption for yourself, enter "1" if claimed _____
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed.) _____
3. Exemptions for dependents _____
4. Add the exemptions which you have claimed above and enter total -0-
5. Additional withholding per pay day period under agreement with employer _____ $ -0-

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature Gina Merti-Coppers Date 7/15/08

NEW EMPLOYEES COMPUTER ENTRY INFORMATION

Please fill out all shaded areas: Be as complete and accurate as possible. Thank You!

EMPLOYEE NO [redacted]

SOC.SEC.NBR. [redacted]

DEPT. NBR.

BIRTH DATE [redacted]-68

HIRE DATE 7-15-08

NAME Gina Meeth-Coppers

ADDR LINE 1 [redacted]

ADDR LINE 2

CITY Twinsburg ZIP CODE [redacted]

TELEPHONE 330-425-4204

MARITAL STAT M SEX : F GROUP:

TITLE

BIRTH PLACE Garfield Hts, Ohio,
CITY & STATE OR FOREIGN COUNTRY

REG RATE

OTH RATE 1

OTH RATE 2

SHIFT 1

SHIFT 2

SHIFT 3

FEDERAL TAXES - NO OF EXEMPTIONS ADD'L $ AMT

STATE TAXES - NO OF EXEMPTONS ADD'L $ AMT

DIRECT DEPOSIT: YES X MANDATORY

FULL TIME

OBES EMPLOYEE

OBES CATEGORY

HANDICAPS RECOGNIZED BY THE INDUSTRIAL COMMISSION OF OHIO

The Ohio's Worker's Compensation law states that the Industrial Commission shall "annually" require employers to file an inventory of current handicapped employees" by April 1st of each year.

The purpose of this amendment is to give relief to employers who continue to employ persons who may have a physically or mentally handicapping condition. Both employees and employers can benefit from this amendment. We are requesting each employee to advise us if he or she has now, or has had, any of the below listed conditions. Please check any which may be applicable to you and return to the Personnel Office. **This information will in no way effect your employment with us a and, except for reporting it to the Bureau of Workers' Compensation as we are required to do by law, it will be held confidential.**

1. Epilepsy.....(fits/convulsions)..... ___
2. Diabetes..... ___
3. Cardiac Disease.....(heart disease)..... ___
4. Arthritis..... ___
5. Amputated foot, leg arm or hand..... ___
6. Loss of sight of one or both eyes or both eyes or partial loss of vision of more than seventy-five (75%) percent bilaterly..... ___
7. Residual disability from poliomyelitis..... ___
8. Cerebral palsy..... ___
9. Multiple scarelosis..... ___
10. Parkinson's disease..... ___
11. Cerebral vascular accident.....(stroke)..... ___
12. Tuberculosis..... ___
13. Silicosis..... ___
14. Psycho neurotic disability following treatment in a recognized medical or mental institution..... ___
15. Hemophilia..... ___
16. Chronic osteomyelitis..... ___
17. Ankylosis of joints .....(fusion of joints)..... ___
18. Hyper insulinist..... ___
19. Muscular dystrophies..... ___
20. Artario-sclerosis.....(hardening of the arteries)..... ___
21. Thrombo-phlebitis..... ___
22. Varicose veins..... ___
23. Cardiovascular and pulmonary diseases of a fire fighter employed by a municipal corporation or township as a regular member of a lawfully constituted fire department..... ___
24. Coal miners' pneumoconiosis, commonly referred to as "black lung disease" ___
25. Disability with respect to which an individual has completed a Rehabilitation program conducted pursuant to Sections 4121361 to 4121.69 of the Revised Code..... ___
26. None of the above..... ✓

Social Security Number: [redacted]

Employer: The City of Bedford

Name (Please Print): Gina Meuti - Coppers

STATE OF OHIO
NEW HIRE REPORTING FORM 7048

Effective October 1, 1997, all Ohio employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by e-mail, magnetic tape or floppy diskette. *Call 1-800-208-8887 to obtain information on submitting new hire reports electronically.* This form may be reproduced as necessary. Reports must be made within 20 calendar days of date of hire.

TO ENSURE ACCURACY, PLEASE PRINT (or TYPE) NEATLY IN UPPER-CASE LETTERS AND NUMBERS, USING A DARK, BALL-POINT PEN

MANDATORY INFORMATION

EMPLOYEE INFORMATION:

Social Security Number: [redacted]

Employee State of Hire: OH

Name: First: GINA Middle Name: ANN

Last: MEUTI-COPPERS

Address 1: [redacted]

Address 2:

Address 3:

City: TWINSBURG State: OH Zip Code: [redacted]

Employee Date of Hire: 07-15-2008 Date of Birth: [redacted]-1968

EMPLOYER INFORMATION:

Employer's Federal EIN: [redacted]0219

Employer Name: CITY OF BEDFORD

Payroll Address 1: 65 COLUMBUS ROAD

Address 2:

Address 3:

City: BEDFORD State: OH Zip Code: 44146

REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION

Send Reports to: Ohio New Hire Reporting Program
P.O. Box 94972
Cleveland, Ohio 44101-4972
Fax: (216) 861-0323

Date: / /

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Gina Menti-Coppers **Employee ID#** _____

Employer Name The City of Bedford **Employer ID#** _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee Gina Menti-Coppers **Date** 7/15/08

CITY OF BEDFORD OHIO

Acknowledgment

I, Gina Merti-Coppers *have received*
(Employee Name Printed)

the City of Bedford / Bedford Municipal Court

Drug Free Workplace – Operating Procedures.

on: 7/15/08.
(Date)

Gina Merti-Coppers
Employee's Signature

165 CENTER ROAD • BEDFORD, OHIO 44146 • (440) 232-1600
www.bedfordoh.gov

Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-888-200-1965 | www.opers.org

Notice of Re-employment of an OPERS Benefit Recipient

When hiring an age and service retirement or disability benefit recipient for employment, such employment must be reported on this Form SR-6 by the end of the first month of employment. Failure to give OPERS timely notice of re-employment will result in employer liability for overpaid benefits. If a benefit recipient is re-employed within the last 10 days of a month, call the OPERS Employer Call Center at the above listed number to provide immediate notice of re-employment; confirmation must then be made on a Form SR-6 within 10 days.

Section 1 – Benefit Recipient's Personal Information

Social Security Number
[redacted]

First Name: GINA
MI: A
Last Name: MEUTI-COPPERS

Street or Mailing Address: [redacted]
Apt. Number:

City: TWINSBURG
State: OH
ZIP Code: [redacted]

Home Phone Number: 330 425 4204
Work Phone Number:
Fax Phone Number:

E-mail Address: GMEUTI@[redacted]

[redacted]

1A_GJ_ITEM_344-000019

Section 2 - Employment Information

Beginning date of re-employment: Month 07 Day 15 Year 2008

Title

☐ 1. An age and service retiree. These individuals are eligible to receive compensation for the re-employment period, receive their retirement allowance, and make contributions toward a Money Purchase Annuity benefit. OPERS contributions must begin with the first date of service. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months.

☐ 2. An age and service retiree hired under a personal service contract as an independent contractor. OPERS contributions are not remitted on this service. If entering into a contract to provide services as an independent contractor to the same employer from which this individual was retired, or to any employer if less than two months after the retirement allowance commences, the pension portion of the benefit will be forfeited during the period of the contract. The annuity portion of the benefit is suspended and will be paid in a lump sum upon termination of the contract.

☐ 3. An age and service retiree employed in a position described in Section 101.31, 121.03, or 121.04 of the Ohio Revised Code, or as the head of a division of a state department, or in a position to which appointment is made by the governor with the advice and consent of the Senate. OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.

☐ 4. An OPERS disability benefit recipient returning to public service. OPERS contributions must begin with the first date of service. Disability benefits will be terminated.

☐ 5. A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court. Include a copy of the assignment papers. OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.

☐ 6. An age and service retiree re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of the members of a board or commission or by the legislative authority of a county, municipal corporation, or township. Complete the certification on page 3. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months.

Section 3 - Employer Certification of Health Care Coverage

Will the employer's health care coverage be available to the re-employed benefit recipient listed on this form?

☐ Yes ☒ No

If "yes," when will this coverage first become available? Month ☐☐ Day ☐☐ Year ☐☐☐☐

Section 4 – Fiscal Officer Certification

Employer

Street or Mailing Address

City | State | ZIP Code -

☐ The benefit recipient is not being re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of members of a board or commission or by the legislative authority of a county, municipal corporation, or township as indicated in Section 2 (1), (2), (3), (4), or (5) of this form.

☐ The benefit recipient is being re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of members of a board or commission or by the legislative authority of a county, municipal corporation, or township as indicated in Section 2(6) of this form and the Fiscal Officer certifies:

☐ 1. Not less than 60 days before the employment as a re-employed benefit recipient commenced, the public employer gave public notice (containing the time, date, and location at which a public meeting was to take place) that the benefit recipient would be receiving a benefit and was seeking employment with the public employer; and

☐ 2. Between 15 and 30 days before the employment as a re-employed benefit recipient commenced, the public employer held a public meeting on the issue of the benefit recipient being employed by the public employer.

Signature of Fiscal Officer Reporting to OPERS_____ Month Day Year
Do not print or type

Fiscal Officer Reporting to OPERS First Name | MI | Last Name

Title

Work Phone Number

Section 5 – Benefit Recipient Acknowledgment

I have read this notice and acknowledge the information provided is correct to the best of my knowledge. I acknowledge that if I am receiving a monthly disability benefit from OPERS, my disability benefits will terminate upon my returning to public employment.

Benefit Recipient's Signature Lina Mentz-Coppes Month 07 Day 15 Year 2008
Do not print or type

BEDFORD MUNICIPAL COURT

165 Center Road
Bedford, Oh 44146
(440) 232-3420 FAX (440) 232-2510

PETER J. JUNKIN
Presiding Judge

BRIAN J. MELLING
Judge

THOMAS E. DAY, JR.
Clerk of Court

I Gina Meuti-Coppers, hereby authorize the Bedford Municipal Court to complete a full background check as part of their process in consideration for my application for employment.

I further acknowledge that any criminal arrests and/or convictions may result in not being hired or employment being terminated.

Gina Ann Meuti-Coppers
Applicant's Full Name (Print)

[redacted]
Address

Twinsburg Oh [redacted]
City, State, Zip

330-425-4204
Phone Number

[redacted] [redacted]/68
Social Security Number Date of Birth

Gina Meuti-Coppers 7/15/08
Applicant's Signature Date

SERVING: BEDFORD * BEDFORD HEIGHTS * BENTLEYVILLE * CHAGRIN FALLS* CHAGRIN FALLS TWP * GLENWILLOW * HIGHLAND HILLS * MORELAND HILLS * NORTH RANDALL * OAKWOOD * ORANGE * SOLON * WARRENSVILLE HEIGHTS * WOODMERE

STATE OF OHIO
Office of the Attorney General

return print save open sections close sections reset help

Record Information

Data Source: OBMV Driver's License (Active) **Owning Agency:** OBMV
Record Type: Driver's License **Record Key:** [redacted]0563

Demographics

GINA A MEUTI-COPPERS

Alias(s):
Height: 5' 01" **Weight:** 135
Hair: BROWN **Eyes:** BROWN
Race: **Gender:** F
Date of Birth: [redacted]1968 **Age:** 39
Scar/Mark/Tattoos:

Click to Enlarge

Identifiers

SSN(s) [redacted] **FBI Number(s):** **BCI Number(s):**

Driver's License

Drivers License Authority: OH **Drivers License:** [redacted]7254
Expires On: 12/29/2008 **Issue Date:** 01/10/2005
License Type: VALID **License Type Two Part:**
License Class: D **LicenseRestriction:** CORRECTIVE LENSES
License Endorsement(s): **Restriction(s):**

Addresses

Address Type	Street	City	State	County	Zip
Residence	[redacted]	TWINSBURG	OH	77-SUMMIT	[redacted]

Convictions

Title	Type	Sentence	Offense Date	Conviction Date	Offense
01 C1 IN-STATE CONVICTION	COC	CONVICTION	4/14/1998	5/6/1998	SPEED 4511.21D

Accidents

Title	Case	Date	County	State

01 ACCIDENT	38349218	11/30/2003	LORAIN	OHIO
02 ACCIDENT	92221094	12/8/1999	CUYAHOGA	OHIO

Other Photos

Click to Enlarge
Title:2005 Photo
Date:1/10/2005

Click to Enlarge
Title:2001 Photo
Date:1/3/2001

Click to Enlarge
Title:1997 Photo
Date:1/2/1997

Access History

Name	Agency	Last Access Time	Count
Collier, Leanne		7/17/2008 3:56:49 PM	1

Disclaimer

This data is provided by the OBMV and originates from their Vehicle Registration files with the exception of the photos which are cross referenced from the Driver's License files using the SSN of the owner. Information provided is for investigative purposes and may contain inaccuracies. Verify accuracy with the OBMV. The office of Attorney General of Ohio disclaims liability for any errors or omissions.

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SUMMONS FOR PETIT JURY DUTY

507198

Your GROUP NUMBER is: 4

Your name has been randomly selected from the pool of registered voters in Summit County in accordance with the Ohio Revised Code to serve as a **PETIT** (trial) juror in the **Summit County Common Pleas Court**. You are required to be available for jury service for **ONE WEEK** or **ONE TRIAL** beginning with the date printed below. **NOTE:** A trial may last more than one week

Nov 17, 2008

Gina A Coppers
[redacted]
[redacted] OH [redacted]

FAILURE TO RESPOND TO SUMMONS OR APPEAR FOR JURY DUTY WILL SUBJECT YOU TO POSSIBLE CONTEMPT OF COURT PROCEEDINGS OR FINE AS PROVIDED BY OHIO LAW

Summit County Sheriff, Drew Alexander
Please direct all correspondence to:
OFFICE OF THE JURY COMMISSIONER
COUNTY OF SUMMIT, COURTHOUSE
209 S HIGH ST, AKRON, OH 44308-1667
Visit our web site at **www.summitcpcourt.net**

PLEASE SEE REVERSE SIDE FOR CALL-IN INSTRUCTIONS →

----------CUT HERE. KEEP THE UPPER PORTION AND **RETURN** THE LOWER PORTION----------

BEDFORD MUNICIPAL COURT
EMPLOYEE EMERGENCY INFORMATION

NAME Meuti Gina A
LAST FIRST M.I.

ADDRESS [redacted] Twinsburg Oh [redacted]

PHONE 330-425-4204

PLEASE LIST SPOUSE, PARENTS OR OTHER RESPONSIBLE PEOPLE WHO MAY BE CONTACTED IN CASE OF EMERGENCY:

1. NAME L[redacted] M[redacted] RELATIONSHIP Brother
   ADDRESS [redacted] PHONE 216-215-4392 (C)
   EMPLOYER [redacted] PHONE 330-467-0005 (H)

2. NAME Steve Mammash RELATIONSHIP Boyfriend
   ADDRESS [redacted] PHONE 440-596-7309 (C)
   EMPLOYER [redacted] PHONE

EMERGENCY MEDICAL AUTHORIZATION

NAME Gina Meuti

Purpose - To authorize treatment for employees who become ill or injured while at work.

[redacted]

Parent or Guardian if under 18

PART II (REFUSAL TO CONSENT) DO NOT COMPLETE PART II IF YOU COMPLETE PART I

I do NOT give my consent for emergency medical treatment. In the event ot illness or injury requiring emergency treatment, I wish my employer to take no action or to:

Date_____ Signature_____

Parent or Guardian if under 18

MEDICAL MUTUAL

APPLICATION AND POLICY CHANGE

(PLEASE USE BALL POINT PEN)

ENROLLEE: ☐ POLICY CHANGE ☐ NEW ENROLLEE ☐ COBRA APPLICATION

GROUP NO.: _____

LEVEL OF BENEFITS: ☐ Single ☐ Two Persons ☒ Family ☐ Medicare Supplemental

EMPLOYMENT STATUS: ☒ Active ☐ Retired ☐ COBRA

EMPLOYEE CLOCK NUMBER: **EMPLOYEE DEPT. NO.:** **PAYROLL LOCATION:**

CHANGES: ☐ Add Dependents due to: ☐ Marriage ☐ Birth ☐ Adoption ☐ Drop Dependents Due To: ☐ Divorce ☐ Death ☐ Other _____

☐ New Name ☐ New Address ☐ Change to Medicare Elig. ☐ Change Coverage ☐ Other _____

DATE OF EVENT — MO. ___ DAY ___ YR. ___

COV. OR CHANGE EFF. DATE — MO. ___ DAY ___ YR. ___

BASIC INFORMATION

Last Name: Mouti First Name: Gina M Initial: A

Street Address: [redacted] City: [redacted] State: TWINSBURG OH [redacted] Phone No.: 330-425-4204

Employee Date of Birth: MO. DAY YR. [redacted] Sex: ☐ M ☒ F Employee Social Security Number: [redacted]

Marital Status: ☐ Single ☐ Married ☐ Widowed ☒ Divorced Date Married: MO. DAY YR.

Employer Company Name: BEDFORD MUNICIPAL COURT Date of Hire-Full Time: MO. 3 DAY 1 YR. 10 Job Title: Record Retention/ Jury Clerk

Check Coverage Desired: ☒ Health ☒ Drug ☒ Dental ☒ Vision

MEDICARE INFORMATION

Are you covered by Medicare? ☐ YES ☒ NO If YES, Medicare No. _____ Effective Date: _____ ☐ Hemodialysis

Is your spouse covered by Medicare? ☐ YES ☐ NO If YES, Medicare No. _____ Effective Date: _____ ☐ Hemodialysis

OTHER INSURANCE INFORMATION

DO YOU OR ANY OF YOUR DEPENDENTS HAVE ANY OTHER HEALTH OR DENTAL COVERAGE? ☐ YES ☐ NO IF YES, COMPLETE THE SECTION BELOW.

NAME OF POLICY HOLDER	NAME AND ADDRESS OF OTHER INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE	COVERAGE TYPES	WORK STATUS	POLICY TYPE
			/ /	☐ Medical ☐ Dental ☐ Hospital Only ☐ Vision ☐ Prescription Drug	☐ Active ☐ Retired	☐ Single ☐ Family
			/ /	☐ Medical ☐ Dental ☐ Hospital Only ☐ Vision ☐ Prescription Drug	☐ Active ☐ Retired	☐ Single ☐ Family

What date did your most recent health insurance program become effective (check box if no prior/current coverage)? ___/___/___ ☐ No coverage

What date did/will this health insurance program terminate (check box if no prior/current coverage)? ___/___/___

DEPENDENT INFORMATION

RELATIONSHIP	BIRTHDATE	SEX	LAST NAME (ONLY IF DIFFERENT)	FIRST NAME	SOC. SEC. NO.	OVER AGE DEPENDENT STATUS
Spouse	MO. DAY YR.	☐ M ☐ F				
☒ Child ☐ Adopted ☐ Stepchild ☐ Other[1]	[redacted] 95	☐ M ☒ F	[redacted]	J [redacted]	[redacted] 8219	☐ Full-Time Student ☐ Disabled Medicare Elig.: ☐ Hemodialysis ☐ Disability
☒ Child ☐ Adopted ☐ Stepchild ☐ Other[1]	[redacted] 01	☒ M ☐ F	[redacted]	D [redacted]	[redacted] 089	☐ Full-Time Student ☐ Disabled Medicare Elig.: ☐ Hemodialysis ☐ Disability
☐ Child ☐ Adopted ☐ Stepchild ☐ Other[1]		☐ M ☐ F				☐ Full-Time Student ☐ Disabled Medicare Elig.: ☐ Hemodialysis ☐ Disability
☐ Child ☐ Adopted ☐ Stepchild ☐ Other[1]		☐ M ☐ F				☐ Full-Time Student ☐ Disabled Medicare Elig.: ☐ Hemodialysis ☐ Disability

1. Legal Documentation (court decree, guardianship papers, etc.) must be attached to this application if relationship is marked other.

SIGNATURE

I hereby apply to Medical Mutual (MM) for the coverage indicated above. I authorize my employer/organization to deduct from my pay and remit any required contribution for the cost of said coverage. I authorize any medical professional, hospital, clinic, or other medical or medically related facility, government agency, or other person to provide to MM information including copies of records concerning advice, care or treatment provided to me and/or my dependents including, without limitation, information relating to mental illness or use of drugs or alcohol. I understand that the kind of coverage for which I am making application contains coordination of benefits, workers' compensation, and subrogation provisions and acknowledge MM's right to enforce these provisions. I have read the above statements and represent that the information provided is true and complete to the best of my knowledge. I understand that the provision of any false information on this application may result in the termination of my benefits and may subject me to legal action by MM. I understand I must notify MM within 30 days of occurrence of any changes in status. I understand that if I am not actively at work on the date my coverage would otherwise become effective, my insurance will not begin until the day I return to work.

Applicant's Signature: Gina Mouti Date: 2/16/10

WAIVER

I hereby waive coverage under the health insurance program ☐ FOR MYSELF ☐ FOR MYSELF AND FAMILY MEMBERS ☐ FOR FAMILY MEMBERS ONLY ☐ FOR ONLY THE FOLLOWING: _____

I understand that if I decide to enroll or add family members at a later date, I will be required to complete a medical history questionnaire and meet certain medical underwriting requirements before coverage will be offered. I further understand that if I and/or my eligible family members are accepted for enrollment at some future date, I am subject to the pre-existing condition restrictions specified in the contract.

Signature _____ Date: _____

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)

Z1861 R9/01
APP 94004

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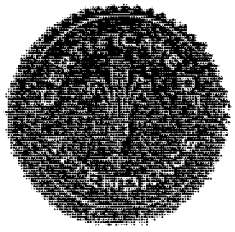
.6 CEUs (6 contact hours)

Presented to: Gina Meuti *Date:* November 20, 2009



Mill B. Hayes

Executive Director & CEO

The recipient earned continuing education units in accordance with the guidelines established by the National Task Force on Continuing Education for completion of the program.

Acknowledgment

I, Gina Mecti have received
(Employee Name Printed)

the Bedford Municipal Court's Workplace Procedural Guidelines

on: 6/10/10.
(Date)

Gina Mecti
Employee's Signature

CERTIFICATE OF COMPLETION

Gina Meuti

has completed Soft Skills Training

on

June 10, 2010

Sponsored By:
BEDFORD MUNICIPAL COURT

Presented By:
DEVORE TECHOLOGIES
Rita Brocco, Instructor

Gina
216-401-2975
Just in case you
or Tom need me
my cell
#

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes [X] No [ ] If "yes," give first date of service: Month 11 Day Year 1988

If "yes," which employer(s)

CITY OF BEDFORD HEIGHTS

CITY OF TWINSBURG

2. Do you have previous public service for which OPERS contributions were not submitted? Yes [ ] No [X]
If "Yes," and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA).*

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? *(If applicable, check Refunded, Receiving a Disability Benefit, or Receiving a Retirement Benefit.)*

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	[ ]	[X]	[ ]	[ ]	[ ]
State Teachers Retirement Systems (STRS)	[ ]	[X]	[ ]	[ ]	[ ]
School Employees Retirement System (SERS)	[ ]	[X]	[ ]	[ ]	[ ]
Ohio Police and Fire Pension Fund (OP&F)	[ ]	[X]	[ ]	[ ]	[ ]
State Highway Patrol Retirement System (HPRS)	[ ]	[X]	[ ]	[ ]	[ ]
Cincinnati Retirement System (CRS)	[ ]	[X]	[ ]	[ ]	[ ]

Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Gina Menti - Coppers

Employee Signature (Do not print or type.)

Month 07 Day 22 Year 2008

Section 5 - Employer Certification

Employer Name

CITY OF BEDFORD

Is this an elected position? Yes [ ] No [X]
If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) *and submit it to OPERS.*

Is this a law enforcement position? Yes [ ] No [X]

I hereby certify that Gina Menti - Coppers began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment Information, and the statements set forth are true and accurate as disclosed by the records of

Employee Name

Kim Gawerski

Signature of Certifying Officer

Certifying Officer Title

PAYROLL OFFICER

A (Revised 2/05)

Ohio Public Employees Retirement System

OPERS

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

Personal History Record

INSTRUCTIONS

1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
3. Sign the form in SECTION 4 - **EMPLOYEE CERTIFICATION.** DO NOT print or type.
4. The employer is required to complete SECTION 5 - **EMPLOYER CERTIFICATION.**
5. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

[redacted]

Last Name	First Name	MI
MEUTI-COPPERS	GINA	A

Street or Mailing Address	Apt. Number
[redacted]	

City	State	ZIP Code
TWINSBURG	OH	44087-1337

Province	Country	Postal Code
	US	44087

Date Of Birth: Month Day [redacted] Year 1968

Gender: Male ☐ Female ☒

Are you legally married? Yes ☒ No ☐

Maiden Name: MEUTI

Work Phone Number	Home Phone Number	Fax Phone Number
	330 425 4204	

E-mail Address: GMEUTI@[redacted]

Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month 07 Day 15 Year 2008

Full-Time ☐ Part-Time ☒

Employee Title: Deputy Clerk

Please turn page to complete remainder of form.

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Screens | Update Options | About | Help

Payroll History listview

Emp No 7130 515 Employee Name MEUTI GINA A

Check #	Check D...	PeriodEnd	Gross	Net Pay	Federal	Fica	State	City 1	City 2	Pensic
0000092687 ✓	2008/07/29	2008/07/19	462.00	383.21	10.78	.00	4.71	10.40	.00	46.
0000092756 ✓	2008/08/12	2008/08/02	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092840 ✓	2008/08/26	2008/08/16	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092863 ✓	2008/09/09	2008/08/30	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092886 ✓	2008/09/23	2008/09/13	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092911 ✓	2008/10/07	2008/09/27	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092942 ✓	2008/10/21	2008/10/11	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092963 ✓	2008/11/04	2008/10/25	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000092986 ✓	2008/11/18	2008/11/08	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000093144 ✓	2008/12/02	2008/11/22	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000093191 ✓	2008/12/16	2008/12/06	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000019465	2008/12/30	2008/12/20	924.00	727.04	52.36	.00	18.01	20.79	.00	92.
0000019704	2009/01/13	2009/01/03	924.00	727.94	52.36	.00	17.11	20.79	.00	92.
0000019942	2009/01/27	2009/01/17	924.00	727.94	52.36	.00	17.11	20.79	.00	92.
0000020183	2009/02/10	2009/01/31	924.00	727.94	52.36	.00	17.11	20.79	.00	92.
0000020420	2009/02/24	2009/02/14	924.00	727.94	52.36	.00	17.11	20.79	.00	92.
0000020654	2009/03/10	2009/02/28	981.75	770.58	57.56	.00	19.10	22.09	.00	98.
0000020894	2009/03/24	2009/03/14	924.00	757.74	22.56	.00	17.11	20.79	.00	92.
0000021134	2009/04/07	2009/03/28	924.00	757.74	22.56	.00	17.11	20.79	.00	92.
0000021374	2009/04/21	2009/04/11	943.50	772.14	24.32	.00	17.78	21.23	.00	94.
0000021619	2009/05/05	2009/04/25	1,003.00	816.09	29.67	.00	19.83	22.57	.00	100.
0000021867	2009/05/19	2009/05/09	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000022134	2009/06/02	2009/05/23	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000022415	2009/06/16	2009/06/06	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000022707	2009/06/30	2009/06/20	952.00	778.42	25.08	.00	18.08	21.42	.00	95.

Exit

Red checks indicate actual paper checks

Inquire Only

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All other checks are direct deposit

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Payroll History listview

Emp No 7130 515 Employee Name MEUTI GINA A

Check #	Check D...	PeriodEnd	Gross	Net Pay	Federal	Fica	State	City 1	City 2	Pensic
0000022999	2009/07/14	2009/07/04	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000024299	2009/07/28	2009/07/18	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000024592	2009/08/11	2009/08/01	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000024883	2009/08/25	2009/08/15	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000025154	2009/09/08	2009/08/29	943.50	772.14	24.32	.00	17.78	21.23	.00	94.
0000025404	2009/09/22	2009/09/12	1,096.50	882.79	40.43	.00	23.06	24.67	.00	109.
0000025646	2009/10/06	2009/09/26	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000025885	2009/10/20	2009/10/10	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000026123	2009/11/03	2009/10/24	943.50	772.14	24.32	.00	17.78	21.23	.00	94.
0000026356	2009/11/17	2009/11/07	871.25	718.79	17.81	.00	15.29	19.60	.00	87.
0000093968	2009/11/17	2009/11/07	85.00	72.87	.00	.00	.49	1.91	.00	8.
0000026583	2009/12/01	2009/11/21	1,011.50	822.35	30.44	.00	20.13	22.76	.00	101.
0000026820	2009/12/15	2009/12/05	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000094045	2009/12/23	2009/12/19	500.00	474.88	.00	.00	6.62	11.25	.00	.
0000027047	2009/12/29	2009/12/19	952.00	778.42	25.08	.00	18.08	21.42	.00	95.
0000027271	2010/01/12	2010/01/02	952.00	770.72	32.78	.00	18.08	21.42	.00	95.
0000027503	2010/01/26	2010/01/16	952.00	770.72	32.78	.00	18.08	21.42	.00	95.
0000027726	2010/02/09	2010/01/30	1,003.00	808.39	37.37	.00	19.83	22.57	.00	100.
0000027957	2010/02/23	2010/02/13	952.00	770.72	32.78	.00	18.08	21.42	.00	95.
0000028181	2010/03/09	2010/02/27	952.00	770.72	32.78	.00	18.08	21.42	.00	95.
0000028399	2010/03/23	2010/03/13	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.
0000028617	2010/04/06	2010/03/27	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.
0000028842	2010/04/20	2010/04/10	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.
0000029080	2010/05/04	2010/04/24	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.
0000029318	2010/05/18	2010/05/08	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.

Exit

Inquire Only

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Payroll History listview

Emp No 7130 515 Employee Name MEUTI GRIA A

Check #	Check D...	PeriodEnd	Gross	Net Pay	Federal	Fica	State	City 1	City 2	Pensic
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
0000025846	2009/10/06	2009/09/26	952.00	778.42	25.08	.00	18.08	21.42	.00	95.[illegible]
0000025885	2009/10/20	2009/10/10	952.00	778.42	25.08	.00	18.08	21.42	.00	95.[illegible]
0000026123	2009/11/06	2009/10/24	943.50	772.14	24.32	.00	17.78	21.20	.00	94.[illegible]
0000026356	2009/11/17	2009/11/07	[illegible]	[illegible]	17.81	.00	15.29	19.60	.00	87.[illegible]
0000093068	2009/11/17	2009/11/07	[illegible]	[illegible]	[illegible]	.00	[illegible]	1.91	.00	8.[illegible]
0000026583	2009/12/01	2009/11/21	1011.50	822.35	30.44	.00	20.13	22.76	.00	101.[illegible]
0000026820	2009/12/15	2009/12/05	952.00	778.42	25.08	.00	18.08	21.42	.00	95.[illegible]
0000094045	2009/12/23	2009/12/19	500.00	[illegible]	.00	.00	6.62	11.25	.00	.[illegible]
0000027047	2009/12/29	2009/12/19	952.00	778.42	25.08	.00	18.08	21.42	.00	95.[illegible]
0000027271	2010/01/12	2010/01/02	952.00	770.72	32.78	.00	18.08	21.42	.00	95.[illegible]
0000027503	2010/01/26	2010/01/16	952.00	770.72	32.78	.00	18.08	21.42	.00	95.[illegible]
0000027726	2010/02/09	2010/01/30	1,003.00	808.39	37.37	.00	19.83	22.57	.00	100.[illegible]
0000027957	2010/02/23	2010/02/13	952.00	770.72	32.78	.00	18.08	21.42	.00	95.[illegible]
0000028181	2010/03/09	2010/02/27	952.00	770.72	32.78	.00	18.08	21.42	.00	95.[illegible]
0000028399	2010/03/23	2010/03/13	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000028617	2010/04/06	2010/03/27	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000028842	2010/04/20	2010/04/10	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000029080	2010/05/04	2010/04/24	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
[illegible]	[illegible]	[illegible]	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	[illegible]
0000029575	2010/06/01	2010/05/22	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000029854	2010/06/15	2010/06/05	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000030150	2010/06/29	2010/06/19	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000030437	2010/07/13	2010/07/03	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]
0000030736	2010/07/27	2010/07/17	1,360.00	1,057.94	83.60	.00	32.14	30.60	.00	136.[illegible]

Duplicate

Exit

Inquire Only

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[redacted]0124*
[redacted]/04/2008
[redacted]8160

THIS IS NOT A SUBSTITUTE CHECK.This is NOT A LEGAL COPY of your check, but may demonstrate proof of payment.

⑆044115126⑆ 08/04/2008
581153478000

STATEMENT COPY

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. [redacted]2687
DATE 07/29/08

National City Bank
6-12/410

No. 92687

AMOUNT $******383.21

PAY THREE HUNDRED EIGHTY THREE AND---------- 21/100 DOLLARS

TO THE ORDER OF
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

[redacted]

[redacted]2687⑈ [redacted]0124⑆ [redacted]9714⑈ ⑈[redacted]8321⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL 044115126A
581153478 08-04-08
29 581153478 5768 29 58115

[redacted]5126 08/04/2008
[redacted]8000

>044115126<
08-04-08
581153478

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RESERVED FOR FINANCIAL INSTITUTION USE

Gina A. Meuti-Coppers

Payee Here

↓Do not endorse or write below this line↓

[redacted]0124 08/04/2008
[redacted]8160

[redacted]0124*
08/18/2008
[redacted]2771

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⑆041151267 08/18/2008
571058058000

ORIGINAL DOCUMENT ENTERED ON CHEMICAL REACTIVE PAPER WITH HIDDEN PANTOGRAPH

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. [redacted]2756
DATE 08/12/08

National City Bank
6-12/410

No. 92756

AMOUNT $******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

[redacted]

STATEMENT COPY

[redacted]2756⑈ [redacted]0124⑆ [redacted]9714⑈ [redacted]2704⑈

[redacted]0124 08/18/2008
[redacted]2771
[redacted]0124 08/18/2008
2771

Gina Meuti-Coppers

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>0441151267<
08-18-08
[redacted]8058

[redacted]51267<08/18/2008
[redacted]8000

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL >0441
571058058 08-16-08
29 571058058 4138 29 571058

↓Do not endorse or write below this line↓

[redacted]0124*
[redacted]7304

THIS IS NOT A SUBSTITUTE CHECK.This is NOT A LEGAL COPY of your check, but may demonstrate proof of payment.

51261 09/05/2008 5000 [redacted]

ORIGINAL DOCUMENT PRINTED ON SECURITY PAPER WITH BLUE INK & DISCLOSURE

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

[redacted]CK NO. [redacted]2840
DATE 08/26/08

National City Bank
6-12/410

No. 92840

AMOUNT $******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

[redacted]

STATEMENT COPY

[redacted]2840⑈ [redacted]0124⑆ [redacted]9714⑈ [redacted]72704⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
555021195 09-05-08
29 555021195 5460 29 555021195

>044115126<
>044115126<
09-05-08
[redacted]195

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Endorse Here

Gina Meuti-Coppers

[redacted]5126 09/05/2008
[redacted]5000
[redacted]15126 09/05/2008
[redacted]5000
[redacted]0124 09/05/2008
[redacted]0172304

↓Do not endorse or write below this line↓

[redacted]0124*
[redacted]/2008
[redacted]6176

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[redacted]1267 09/10/2008
[redacted]5000

ORIGINAL DOCUMENT PRINTED ON CHEMICAL ACTIVE PAPER WITH MICROPRINTING AND PANTOGRAPH IN BORDER

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. [redacted]2863
DATE 09/09/08

National City Bank
6-12/410

No. 92863

AMOUNT $******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR RUB WITH HEAT

[redacted]

STATEMENT COPY

[redacted]2863" [redacted]0124: [redacted]9714" [redacted]2704"

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
553021025 09-10-08
29 553021025 4263 29[redacted]025

>044115126<
>044115126<
09-10-08
[redacted]1025

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

Endorse Here

Gina Meuti-Coppers

[redacted]0124 09/10/2008
[redacted]5000
[redacted]5126 09/10/2008
[redacted]5000
[redacted]6176

↓Do not endorse or write below this line↓

[redacted]0124*
[redacted]8
[redacted]3662

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09/29/2008
50000
5126 [redacted]

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH HIDDEN BLUE BACKGROUND

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. [redacted]2886
DATE 09/23/08

National City Bank
6-12/410

No. 92886

AMOUNT $*******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

THIS DOCUMENT CONTAINS HEAT SENSITIVE INDICATOR PHRASE RED IMAGE DISAPPEARS WITH HEAT

STATEMENT COPY

[redacted]2886⑈ [redacted]0124⑆ [redacted]727⑈ [redacted]2704⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL >044115126<
551049550 09-29-08
29 551049550 5014 29 [redacted]550

>044115126<
09-29-08
[redacted]9550

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Gina Meuti-Coppers

[redacted]0124 09/29/2008
[redacted]3662 09/29/2008
[redacted]5126 09/29/2008
0000 09/29/2008
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↓Do not endorse or write below this line↓

[redacted]0124*
10/10/2008
[redacted]4596

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STATEMENT COPY

ORIGINAL DOCUMENT HAS PRINTED BORDER WITH MICRO-ENGRAVED PATTERN

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. [redacted]2911
DATE 10/07/08

National City Bank
8-12/410

No. 92911

AMOUNT $******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR HEAT MAY CAUSE DISCOLORATION

[redacted]

[redacted]2911" [redacted]0124: [redacted]7214" [redacted]72704"

[redacted]0124 10/10/2008
[redacted]4596
[redacted]0124 10/10/2008
[redacted]4596

ENDORSE HERE

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>044115126< 10/10/2008
555059737

>044115126<
10-10-08
[redacted]9737

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
555059737 10-10-08
29 555059737 5082 29 555059737

↓Do not endorse or write below this line↓

[redacted]0124*
10/23/2008
[redacted]3545

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8002/23/01 10/23/2008
[redacted]

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. [redacted]2942
DATE 10/21/08

National City Bank
6-12/410

No. 92942

AMOUNT $*****727.04

PAY
SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

THIS DOCUMENT CONTAINS SIGNATURE ONLY INK—TOUCH ON PAPER HERE—RED IMAGE OR ABSENCE WITHIN

[redacted]

STATEMENT COPY

[redacted]2942" [redacted]0124: [redacted]8714" [redacted]2704"

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL 044115126
584001240 10-23-08
29 584001240 4923 29 584001240

>044115126<
10-23-08
[redacted]1240

8002/23/01 10/23/2008
[redacted]

>044115126<
584001240

ENDORSE HERE

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[redacted]0124 10/23/2008
[redacted]3545
0124 10/23/2008
[redacted]3545

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[redacted]01,24*
11/13/2008
[redacted]6726

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[0441151261 11/13/2008
554035066 000

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. 0000092963
DATE 11/04/08

National City Bank
6-12/410

No. 92963

AMOUNT $******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DATS

CITY MANAGER

FINANCE DIRECTOR

[redacted]

STATEMENT COPY

[redacted]2963" [redacted]0124: [redacted]9714" [redacted]2704"

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL >0441
554035066 11-13-08
06 554035066 5985 06 5540

[redacted]57.24< 11/13/2008
[redacted]6000

>0441151261<
11-13-08
[redacted]5066

Endorse HERE
Gina Meuti-Coppers

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[redacted]01,24 11/13/2008
[redacted]6726
01,24 11/13/2008
[redacted]6726

↓Do not endorse or write below this line↓

[redacted]0124*
[redacted]/24/2008
[redacted]7438

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⑆041115263 11/24/2008 ⑈571109489000⑈

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. 0000092986
DATE 11/18/08

National City Bank
6-12/410

No. 92986

AMOUNT $*******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 90 DAYS

CITY MANAGER

FINANCE DIRECTOR

STATEMENT COPY

[redacted]2986⑈ [redacted]0124⑆ [redacted]9714⑈ [redacted]2704⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
571109489 11-24-08
06 571109489 5429 06 5711

[redacted]5126<
11-24-08
[redacted]9489

[redacted]5126< 11/24/2008 [redacted]0000

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RESERVED FOR INSTITUTION USE

CHIP MARK HERE

Gina Meuti-Coppers

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[redacted]0124 11/24/2008 [redacted]7438

[redacted]0124*
12/08/2008
[redacted]8770

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⑆041151261⑈ 12/08/2008 ⑈0000093144⑈

ORIGINAL DOCUMENT PRINTED ON CHEMICALLY REACTIVE PAPER WITH MICROPRINT VOID PANTOGRAPH

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. 0000093144

DATE 12/02/08

National City Bank
6-12/410

No. 93144

AMOUNT $*****727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

[redacted]

STATEMENT COPY

[redacted]3144⑈ [redacted]0124⑆ [redacted]9714⑈ [redacted]2704⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
581041036 12-08-08
06 581041036 5327 06 [redacted]1036

⑆041151261⑈ 12/08/2008 ⑈0000093144⑈

[redacted]5126<
12-08-08
[redacted]1036

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
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[redacted]0124 12/08/2008
[redacted]8770

[redacted]0124 12/08/2008
[redacted]8770

↓Do not endorse or write below this line↓

[redacted]0124*
12/26/2008
[redacted]2819

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⑆044115126⑆ 12/26/2008
554061594000

ORIGINAL DOCUMENT HAS PRINTED ON CHEMICALLY REACTIVE PAPER WITH MICROPRINTED BORDER

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. 0000093191
DATE 12/16/08

National City Bank
5-12/410

No. 93191

AMOUNT $******727.04

PAY SEVEN HUNDRED TWENTY SEVEN AND---------- 04/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

CITY MANAGER

FINANCE DIRECTOR

THIS DOCUMENT CONTAINS INFRARED SIGNATURE, BORDER, WATERMARK, AND ARTWORK

STATEMENT COPY

[redacted]3191⑈ [redacted]0124⑆ [redacted]9714⑈ [redacted]2704⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
554061594 12-26-08
06554061594 4269 06 554061594

⑆044115126⑆ 12/26/2008
554061594000

>[redacted]5126<
12-26-08
[redacted]1594

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ENDORSE HERE
Gina Meuti-Coppers

↓Do not endorse or write below this line↓

[redacted]0124 12/26/2008
[redacted]2819

[redacted]0124*
11/24/2009
[redacted]4323

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⑆041151261⑈ 11/24/2009
005520352430000

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH WATERMARK REQUIRED. BORDER

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. 0000093968
DATE 11/17/09

National City Bank
6-12/410

No. 93968

AMOUNT $*******72.87

PAY SEVENTY TWO AND---------- 87/100 DOLLARS

TO THE ORDER OF
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

Kenneth A Hickman
CITY MANAGER

Paul A Gambosi
FINANCE DIRECTOR

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE AND WATCH WARM APPEAR IN THE CLEAR

[redacted]

STATEMENT COPY

[redacted]3968⑈ [redacted]0124⑆ [redacted]9714⑈ [redacted]7287⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
552035243 11-24-09
06 552035243 5413 06 552035243

⑆041151261⑈ 11/24/2009
005520352430000

>[redacted]5126<
11-24-09
[redacted]5243

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RESERVED FOR FINANCIAL INSTITUTION USE

Gina Meuti-Coppers

[redacted]0124 11/24/2009
[redacted]4323

↓Do not endorse or write below this line↓

[redacted]0124*
[redacted]/04/2010
[redacted]5692

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⑆041151261⑈ 01/04/2010
⑈0058503866⑈0000

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

CITY OF BEDFORD
PAYROLL ACCOUNT
165 CENTER ROAD
BEDFORD, OHIO 44146

CHECK NO. 0000094045
DATE 12/23/09

National City Bank
6-12/410

No. 94045

PAY
AMOUNT $******474.88

FOUR HUNDRED SEVENTY FOUR AND 88/100 DOLLARS

TO THE ORDER OF

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

VOID AFTER 60 DAYS

Kenneth A Hekeman
CITY MANAGER

Paul A Zamboni
FINANCE DIRECTOR

[redacted]

STATEMENT COPY

[redacted]4045⑈ [redacted]0124⑆ [redacted]4714⑈ [redacted]7488⑈

HUNTINGTON COLUMBUS,OH
7 EASTON OVAL
585038660 01-04-10
06 585038660 4683 06 585038660

[redacted]5126<
01-04-10
[redacted]8660

⑆041151261⑈ 01/04/2010
⑈0058503866⑈0000

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RESERVED FOR FINANCIAL INSTITUTION USE

ENDORSE HERE

Gina Meuti-Coppers

[redacted]0124 01/04/2010
[redacted]5692
[redacted]0124 01/04/2010
[redacted]5692

↓Do not endorse or write below this line↓

EMPLOYMENT HISTORY

[redacted]
PENSION NUMBER

STREET [redacted]
CITY TWINSBURG; OH [redacted]
STREET
CITY

NAME MEUTI-COPPERS, GINA
PRINT OR TYPE

☐ Male ☒ Female ☐ Widowed ☐ Other
☒ Married ☐ Single ☐ Divorced ☐

EMPLOYEES CLASS GRADE	APPROPRIATION DISTRIBUTION	DEPT. OR DIVISION	TITLE	CHECK DISTRIBUTION REGULAR PLACE OF WORK
		COURT	DEPUTY CLERK	

DATE EFFECTIVE MONTH DAY YEAR	PAY RATE	FEDERAL TAX	MAINTENANCE	BOND DEDUCTION	PENSION PERS	HOSPITAL DEDUCTION	OTHER DEDUCTIONS
7/15/08	16.50						

[redacted]TH
[redacted]68
PLACE OF BIRTH
GARFIELD HTS, OH
MILITARY SERVICE
OTHER PUBLIC SERVICE

DEPENDENTS
SELF
SPOUSE
CHILDREN
OTHERS
TOTAL

INCOME TAX STATUS

CIVIL SERVICE STATUS

☐ Legal ☐ Temporary ☐ Exempt ☐ Other

AUTHORIZED BY _____ CIVIL SERVICE COMM.
APPROVED _____ ASS'T. CITY MGR.
APPROVED _____ CITY MANAGER

NAME Gina Meuti

DIVISION	TITLE	NATURE OF ACTION	FROM	TO	DATE MONTH	DAY	YEAR	APPROVED
Court	P/T Deputy Clerk	Rate Increase	16.50	17.00	4	16	09	
		Bonus #500.			12	17	09	

Hired
with
City of Bedford

EMPLOYEE'S SERVICE RECORD CITY OF BEDFORD

Independence Business Supply – Cleveland, Ohio

STATE OF OHIO
DEPARTMENT OF TAXATION

Form IT-4
(11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name Gina Merti-Coppers Social Security No. [redacted]

Address [redacted] Twinsburg Oh [redacted]

Public School District of Residence Twinsburg School District No. _____

1. Personal exemption for yourself, enter "1" if claimed _____
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed.) _____
3. Exemptions for dependents _____
4. Add the exemptions which you have claimed above and enter total -0-
5. Additional withholding per pay day period under agreement with employer _____ $ -0-

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature Gina Merti-Coppers Date 7/15/08

NOTICE TO EMPLOYEE

1. For state purposes an individual may claim only natural dependency exemptions. This would include himself, his spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the Taxpayer's federal income tax return for the taxable year or which the taxpayer would have been permitted to claim had he filed such a return.

2. You may file a new certificate at any time if the number of your exemptions INCREASES.

   You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES because:

   (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

   (b) The support of a dependent for whom you claimed exemption is taken over by someone else.

   (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

   The death of a spouse or dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information consult the Ohio Department of Taxation, Income Tax Division, or your employer.

3. IF YOU EXPECT TO OWE MORE OHIO INCOME TAX THAN WILL BE WITHHELD, YOU MAY CLAIM A SMALLER NUMBER OF EXEMPTIONS; OR UNDER AN AGREEMENT WITH YOUR EMPLOYER YOU MAY HAVE AN ADDITIONAL AMOUNT WITHHELD EACH PAY PERIOD.

4. A married couple with both spouses working and filing a joint return will in many cases be required to file a Declaration of Estimated Individual Income Tax even though Ohio Income Tax is being withheld from their wages. This is due to the fact that the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding under an agreement with his employer by use of line 5.

FRIENDLY FORMS
Call toll free 800-999-9111 to reorder Ohio Form IT-4 #R8-A0141
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Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2008

1 Type or print your first name and middle initial: Gina A.

Last name: Marti-Coppers [redacted]

[redacted]

3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code: Twinsburg Oh [redacted]

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | 5 | 0

6 Additional amount, if any, you want withheld from each paycheck | 6 | $ 0

7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here ▶ | 7 |

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it) ▶ Gina Marti-Coppers Date ▶ 7/15/08

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
Bedford Municipal Court 165 Center Rd. Bedford, OH 44146

9 Office code (optional)

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2008)

PAYROLL HISTORY REPORT

EMP#: [redacted]515 NAME: MEUTI , GINA A. SSN: [redacted]5137

CHECK#	CHK DATE	END DATE	GROSS	FED	STATE	CITY1	FICA	PENS	DED GRP1	DED GRP2	NET
V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	D.COMP	U.DUES	C.UNION	GARN
V11	V12	V13	V14	V15	V16	V17	V18	V19	V20	FRINGE			
0000092687	7/29/08	7/19/08	462.00	10.78	4.71	10.40	.00	46.20	6.70	.00	383.21
G1	6.70	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	28.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN	.00	.00	.00
AMT	462.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
0000092756	8/12/08	8/02/08	924.00	52.36	18.01	20.79	.00	92.40	13.40	.00	727.04
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN	.00	.00	.00
AMT	924.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
0000092840	8/26/08	8/16/08	924.00	52.36	18.01	20.79	.00	92.40	13.40	.00	727.04
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN	.00	.00	.00
AMT	924.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
0000092863	9/09/08	8/30/08	924.00	52.36	18.01	20.79	.00	92.40	13.40	.00	727.04
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN	.00	.00	.00
AMT	924.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
HRS	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00
AMT	.00		.00		.00		.00		.00		.00		.00		.00	.00	.00

PAYROLL HISTORY REPORT

[redacted]2886 9/23/08 9/13/08 924.00 52.36 18.01 20.79 .00 92.40 13.40 .00 727.04
G1 13.40 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
G2 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS RG 56.00 SK .00 VC .00 PT .00 OT .00 LG .00 CU .00 IN .00 .00 .00
AMT 924.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

0000092911 10/07/08 9/27/08 924.00 52.36 18.01 20.79 .00 92.40 13.40 .00 727.04
G1 13.40 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
G2 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS RG 56.00 SK .00 VC .00 PT .00 OT .00 LG .00 CU .00 IN .00 .00 .00
AMT 924.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

0000092942 10/21/08 10/11/08 924.00 52.36 18.01 20.79 .00 92.40 13.40 .00 727.04
G1 13.40 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
G2 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS RG 56.00 SK .00 VC .00 PT .00 OT .00 LG .00 CU .00 IN .00 .00 .00
AMT 924.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

0000092963 11/04/08 10/25/08 924.00 52.36 18.01 20.79 .00 92.40 13.40 .00 727.04
G1 13.40 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
G2 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS RG 56.00 SK .00 VC .00 PT .00 OT .00 LG .00 CU .00 IN .00 .00 .00
AMT 924.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

0000092986 11/18/08 11/08/08 924.00 52.36 18.01 20.79 .00 92.40 13.40 .00 727.04
G1 13.40 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
G2 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS RG 56.00 SK .00 VC .00 PT .00 OT .00 LG .00 CU .00 IN .00 .00 .00
AMT 924.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
HRS .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMT .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

PAYROLL HISTORY REPORT

[redacted]	3144	12/02/08	11/22/08	924.00	52.36	18.01	20.79	.00	92.40	13.40	.00			727.04
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	48.00	SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00			
AMT	792.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
[redacted]	3191	12/16/08	12/06/08	924.00	52.36	18.01	20.79	.00	92.40	13.40	.00			727.04
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	43.50	SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00			
AMT	717.75		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
[redacted]	9465	12/30/08	12/20/08	924.00	52.36	18.01	20.79	.00	92.40	13.40	.00			727.04
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	41.50	SK	14.50 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00			
AMT	684.75		239.25	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
[redacted]	9704	1/13/09	1/03/09	924.00	52.36	17.11	20.79	.00	92.40	13.40	.00			727.94
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	36.00	SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00			
AMT	594.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
[redacted]	9942	1/27/09	1/17/09	924.00	52.36	17.11	20.79	.00	92.40	13.40	.00			727.94
G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00			
AMT	924.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			
AMT	.00		.00	.00	.00	.00	.00	.00	.00	.00	.00			

PAYROLL HISTORY REPORT

[redacted]0183 2/10/09 1/31/09 924.00 52.36 17.11 20.79 .00 92.40 13.40 .00 727.94

G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	924.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]0420 2/24/09 2/14/09 924.00 52.36 17.11 20.79 .00 92.40 13.40 .00 727.94

G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	924.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]0654 3/10/09 2/28/09 981.75 57.56 19.10 22.09 .00 98.18 14.24 .00 770.58

G1	14.24	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	59.50 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	981.75	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]0894 3/24/09 3/14/09 924.00 22.56 17.11 20.79 .00 92.40 13.40 .00 757.74

G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	924.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]1134 4/07/09 3/28/09 924.00 22.56 17.11 20.79 .00 92.40 13.40 .00 757.74

G1	13.40	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	924.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

PAYROLL HISTORY REPORT

[redacted]	1374	4/21/09	4/11/09	943.50	24.32	17.78	21.23	.00	94.35	13.68	.00	772.14		
G1	13.68	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	55.50 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	943.50	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	1619	5/05/09	4/25/09	1003.00	29.67	19.83	22.57	.00	100.30	14.54	.00	816.09		
G1	14.54	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	57.00 SK	2.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	969.00	34.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	1867	5/19/09	5/09/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	2134	6/02/09	5/23/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	2415	6/16/09	6/06/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

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[redacted]	2707	6/30/09	6/20/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN
AMT	952.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	

[redacted]	2999	7/14/09	7/04/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	24.00	SK	.00	VC	28.00	PT	.00	OT	.00	LG	.00	CU	.00	IN
AMT	408.00		.00		476.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	

[redacted]	4299	7/28/09	7/18/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN
AMT	952.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	

[redacted]	4592	8/11/09	8/01/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN
AMT	952.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	

[redacted]	4883	8/25/09	8/15/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00	SK	.00	VC	.00	PT	.00	OT	.00	LG	.00	CU	.00	IN
AMT	952.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	
HRS	.00		.00		.00		.00		.00		.00		.00	
AMT	.00		.00		.00		.00		.00		.00		.00	

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[redacted]	5154	9/08/09	8/29/09	943.50	24.32	17.78	21.23	.00	94.35	13.68	.00	772.14		
G1	13.68	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	55.50 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	943.50	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	5404	9/22/09	9/12/09	1096.50	40.43	23.06	24.67	.00	109.65	15.90	.00	882.79		
G1	15.90	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.50 SK	.00 VC	8.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	960.50	.00	136.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	5646	10/06/09	9/26/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	35.25 SK	12.75 VC	8.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	599.25	216.75	136.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	5885	10/20/09	10/10/09	952.00	25.08	18.08	21.42	.00	95.20	13.80	.00	778.42		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
[redacted]	6123	11/03/09	10/24/09	943.50	24.32	17.78	21.23	.00	94.35	13.68	.00	772.14		
[redacted]	13.68	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	55.50 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	943.50	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

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[redacted]6356 11/17/09 11/07/09 871.25 17.81 15.29 19.60 .00 87.13 12.63 .00 718.79

G1	12.63	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00		

HRS RG	51.25 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00
AMT	871.25	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

[redacted]3968 11/17/09 11/07/09 85.00 .00 .49 1.91 .00 8.50 1.23 .00 72.87

G1	1.23	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00		

HRS RG	.00 SK	5.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00
AMT	.00	85.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

[redacted]6583 12/01/09 11/21/09 1011.50 30.44 20.13 22.76 .00 101.15 14.67 .00 822.35

G1	14.67	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00		

HRS RG	51.50 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00
AMT	875.50	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

[redacted]6820 12/15/09 12/05/09 952.00 25.08 18.08 21.42 .00 95.20 13.80 .00 778.42

G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00		

HRS RG	43.50 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00
AMT	739.50	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

[redacted]4045 12/23/09 12/19/09 500.00 .00 6.62 11.25 .00 .00 7.25 .00 474.88

G1	7.25	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00		

HRS RG	.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

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[redacted]7047 12/29/09 12/19/09 952.00 25.08 18.08 21.42 .00 95.20 13.80 .00 778.42

G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	37.50 SK	8.00 VC	10.50 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	637.50	136.00	178.50	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]7271 1/12/10 1/02/10 952.00 32.78 18.08 21.42 .00 95.20 13.80 .00 770.72

G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	34.50 SK	.00 VC	1.50 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	586.50	.00	25.50	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]7503 1/26/10 1/16/10 952.00 32.78 18.08 21.42 .00 95.20 13.80 .00 770.72

G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]7726 2/09/10 1/30/10 1003.00 37.37 19.83 22.57 .00 100.30 14.54 .00 808.39

G1	14.54	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	43.00 SK	16.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	731.00	272.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]7957 2/23/10 2/13/10 952.00 32.78 18.08 21.42 .00 95.20 13.80 .00 770.72

G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

PAYROLL HISTORY REPORT

[redacted]	8181	3/09/10	2/27/10	952.00	32.78	18.08	21.42	.00	95.20	13.80	.00	770.72		
G1	13.80	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	56.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	952.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]	8399	3/23/10	3/13/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94		
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	80.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	1360.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]	8617	4/06/10	3/27/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94		
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	72.50 SK	7.50 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	1232.50	127.50	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]	8842	4/20/10	4/10/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94		
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	76.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	1292.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

[redacted]	9080	5/04/10	4/24/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94		
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	72.00 SK	8.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	1224.00	136.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

PAYROLL HISTORY REPORT

[redacted]	9318	5/18/10	5/08/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94			
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS RG	69.00 SK	11.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00					
AMT	1173.00	187.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
[redacted]	9575	6/01/10	5/22/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94			
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS RG	68.00 SK	4.00 VC	8.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00					
AMT	1156.00	68.00	136.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
[redacted]	9854	6/15/10	6/05/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94			
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS RG	68.00 SK	4.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00					
AMT	1156.00	68.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
[redacted]	0150	6/29/10	6/19/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94			
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS RG	64.00 SK	.00 VC	16.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00					
AMT	1088.00	.00	272.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
[redacted]	0437	7/13/10	7/03/10	1360.00	83.60	32.14	30.60	.00	136.00	19.72	.00	1057.94			
G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS RG	80.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00					
AMT	1360.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					

PAYROLL HISTORY REPORT

[redacted]0736 7/27/10 7/17/10 1360.00 83.60 32.14 30.60 .00 136.00 19.72 .00 1057.94

G1	19.72	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	72.00 SK	.00 VC	.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	1224.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

TOTAL EMPLOYEE 54384.50 2395.62 1093.85 1223.66 .00 5388.46 788.54 .00 43494.37

G1	788.54	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
G2	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
HRS RG	2922.50 SK	92.75 VC	80.00 PT	.00 OT	.00 LG	.00 CU	.00 IN	.00	.00	.00				
AMT	49190.25	1569.50	1360.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
HRS	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
AMT	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				

22222 **Employer's – State, Local, or File Copy** 41-1628061 OMB No. 1545-0008

a Employee's soc. sec. no.: [redacted]
1 Wages, tips, other comp.: 9563.40
2 Federal income tax withheld: 586.74
Social security wages: .00
4 Social security tax withheld: .00
b [redacted]0219
5 Medicare wages and tips: 10626.00
6 Medicare tax withheld: 154.10

c Employer's name, address, and ZIP code
CITY OF BEDFORD
165 CENTER ROAD
BEDFORD, OH 44146
440-232-1600

d Control number

e Employee's name, address, and ZIP code — Suff.
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

7 Social security tips
8 Allocated tips
9 Advance EIC payment: .00
10 Dependent care benefits: .00
11 Nonqualified plans: .00
12a Code See inst. for box 12
13 Statutory employee
14 Other: 414H2 1062.60
Retirement plan: X
Third-party sick pay
12b Code
12c Code
12d Code

OH [redacted]0257
15 State Employer's state ID number
16 State wages, tips, etc.: 9563.40
17 State income tax: 202.82
18 Local wages, tips, etc.: 10626.00
19 Local income tax: 239.09
20 Locality name: CITY OF BEDF

Form W-2 Wage and Tax Statement 2008 Dept. of the Treasury -- IRS
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

22222 **Employer's – State, Local, or File Copy** 41-1628061 OMB No. 1545-0008

a Employee's soc. sec. no.: [redacted]
1 Wages, tips, other comp.: 9563.40
2 Federal income tax withheld: 586.74
3 Social security wages: .00
4 Social security tax withheld: .00
b Employer ID number (EIN) [redacted]0219
5 Medicare wages and tips: 10626.00
6 Medicare tax withheld: 154.10

c Employer's name, address, and ZIP code
CITY OF BEDFORD
165 CENTER ROAD
BEDFORD, OH 44146
440-232-1600

d Control number

e Employee's name, address, and ZIP code — Suff.
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

7 Social security tips
8 Allocated tips
9 Advance EIC payment: .00
10 Dependent care benefits: .00
11 Nonqualified plans: .00
12a Code See inst. for box 12
13 Statutory employee
14 Other: 414H2 1062.60
Retirement plan: X
Third-party sick pay
12b Code
12c Code
12d Code

OH [redacted]0257
15 State Employer's state ID number
16 State wages, tips, etc.: 9563.40
17 State income tax: 202.82
18 Local wages, tips, etc.: 10626.00
19 Local income tax: 239.09
20 Locality name: CITY OF BEDF

Form W-2 Wage and Tax Statement 2008 Dept. of the Treasury -- IRS
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

22222 **Employer's – State, Local, or File Copy** 41-1628061 OMB No. 1545-0008

a Employee's soc. sec. no.: [redacted]
1 Wages, tips, other comp.: 9563.40
2 Federal income tax withheld: 586.74
3 Social security wages: .00
4 Social security tax withheld: .00
b Employer ID number (EIN) [redacted]0219
5 Medicare wages and tips: 10626.00
6 Medicare tax withheld: 154.10

c Employer's name, address, and ZIP code
CITY OF BEDFORD
165 CENTER ROAD
BEDFORD, OH 44146
440-232-1600

d Control number

e Employee's name, address, and ZIP code — Suff.
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

7 Social security tips
8 Allocated tips
9 Advance EIC payment: .00
10 Dependent care benefits: .00
11 Nonqualified plans: .00
12a Code See inst. for box 12
13 Statutory employee
14 Other: 414H2 1062.60
Retirement plan: X
Third-party sick pay
12b Code
12c Code
12d Code

OH [redacted]0257
15 State Employer's state ID number
16 State wages, tips, etc.: 9563.40
17 State income tax: 202.82
18 Local wages, tips, etc.: 10626.00
19 Local income tax: 239.09
20 Locality name: CITY OF BEDF

Form W-2 Wage and Tax Statement 2008 Dept. of the Treasury -- IRS
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

22222 **Employer's – State, Local, or File Copy** 41-1628061 OMB No. 1545-0008

a Employee's soc. sec. no.: [redacted]
1 Wages, tips, other comp.: 9563.40
2 Federal income tax withheld: 586.74
3 Social security wages: .00
4 Social security tax withheld: .00
b Employer ID number (EIN) [redacted]0219
5 Medicare wages and tips: 10626.00
6 Medicare tax withheld: 154.10

c Employer's name, address, and ZIP code
CITY OF BEDFORD
165 CENTER ROAD
BEDFORD, OH 44146
440-232-1600

d Control number

e Employee's name, address, and ZIP code — Suff.
GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

7 Social security tips
8 Allocated tips
9 Advance EIC payment: .00
10 Dependent care benefits: .00
11 Nonqualified plans: .00
12a Code See inst. for box 12
13 Statutory employee
14 Other: 414H2 1062.60
Retirement plan: X
Third-party sick pay
12b Code
12c Code
12d Code

OH [redacted]0257
15 State Employer's state ID number
16 State wages, tips, etc.: 9563.40
17 State income tax: 202.82
18 Local wages, tips, etc.: 10626.00
19 Local income tax: 239.09
20 Locality name: CITY OF BEDF

Form W-2 Wage and Tax Statement 2008 Dept. of the Treasury -- IRS
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

FORM L4UPR

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled 2008 Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov*.

Caution. *You cannot file Forms W-2/W-2C and W-3/W-3C that you print from the IRS website with SSA because they process paper forms by machine. Instead, you can use the SSA website at www.ssa.gov/employer/bsohbnew.htm to create and file electronic fill-in versions of Forms W-2/W-2C and W-3/W-3C. If you use SSA's online application to create W-2 or W-2C, the W-3 or W-3C will be automatically created.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by February 2, 2009.

File Copy A with the SSA by March 2, 2009. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. If you file electronically, the due date is March 31, 2009.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Forms W-2 and W-3 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: **Form W-2**—30 minutes, and **Form W-3**—28 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Forms W-2 and W-3 to this address. Instead, see *Where to file paper forms* in the Instructions for Forms W-2 and W-3.

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled 2008 Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov*.

Caution. *You cannot file Forms W-2/W-2C and W-3/W-3C that you print from the IRS website with SSA because they process paper forms by machine. Instead, you can use the SSA website at www.ssa.gov/employer/bsohbnew.htm to create and file electronic fill-in versions of Forms W-2/W-2C and W-3/W-3C. If you use SSA's online application to create W-2 or W-2C, the W-3 or W-3C will be automatically created.*

Due dates. Furnish Copies B, C, and 2 to the employee generally by February 2, 2009.

File Copy A with the SSA by March 2, 2009. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. If you file electronically, the due date is March 31, 2009.

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You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: **Form W-2**—30 minutes, and **Form W-3**—28 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Forms W-2 and W-3 to this address. Instead, see *Where to file paper forms* in the Instructions for Forms W-2 and W-3.

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Caution. *You cannot file Forms W-2/W-2C and W-3/W-3C that you print from the IRS website with SSA because they process paper forms by machine. Instead, you can use the SSA website at www.ssa.gov/employer/bsohbnew.htm to create and file electronic fill-in versions of Forms W-2/W-2C and W-3/W-3C. If you use SSA's online application to create W-2 or W-2C, the W-3 or W-3C will be automatically created.*

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22222 **Employer's – State, Local, or File Copy** 41-1628061 OMB No. 1545-0008

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 22862.74	2 Federal income tax withheld 804.39
	3 Social security wages .00	4 Social security tax withheld .00
b Employer ID number (EIN) 34-6000219	5 Medicare wages and tips 25347.50	6 Medicare tax withheld 367.50

c Employer's name, address, and ZIP code

CITY OF BEDFORD
165 CENTER ROAD
BEDFORD, OH 44146
440-232-1600

d Control number

e Employee's name, address, and ZIP code — Suff.

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH [redacted]

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Nonqualified plans .00	12a Code See inst. for box 12
13 Statutory employee	14 Other 414H2 2484.76	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
OH [redacted]0257 15 State Employer's state ID number	16 State wages, tips, etc. 22862.74	17 State income tax 477.48
18 Local wages, tips, etc. 25347.50	19 Local income tax 570.32	20 Locality name CITY OF BEDF

Form W-2 Wage and Tax Statement 2009 Dept. of the Treasury – IRS
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

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[redacted] COPPERS
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165 CENTER ROAD
BEDFORD, OH 44146
440-232-1600

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e Employee's name, address, and ZIP code — Suff.

GINA A MEUTI-COPPERS
[redacted]
TWINSBURG, OH 44087

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
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FORM L4UPR

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BEDFORD MUNICIPAL COURT

165 Center Road
Bedford, Oh 44146
(440) 232-3420 FAX (440) 232-2510

PETER J. JUNKIN
Presiding Judge

BRIAN J. MELLING
Judge

THOMAS E. DAY, JR.
Clerk of Court

July 21, 2008

Frank Gambosi, Finance Director
City of Bedford
165 Center Road
Bedford, Ohio 44146

Dear Mr. Gambosi,

Enclosed, you will find paperwork for Gina A. Meuti-Coppers. The Bedford Municipal Court has hired Mrs. Meuti-Coppers as a part-time Deputy Clerk effective July 15, 2008. Further, her pay rate is $16.50 per hour.

If you have any questions, please feel free to contact me at extension 6700.

Sincerely,

Thomas E. Day, Jr.
Clerk of Court

TED/lc

BEDFORD MUNICIPAL COURT

165 Center Road
Bedford, Oh 44146
(440) 232-3420 FAX (440) 232-2510

BRIAN J. MELLING
Presiding Judge

HARRY J. JACOB III
Judge

THOMAS E. DAY, JR.
Clerk of Court

February 16, 2010

Frank Gambosi, Finance Director
City of Bedford
165 Center Road
Bedford, Ohio 44146

Dear Mr. Gambosi,

This is to advise that you I have reclassified Gina Meuti's position with the Bedford Municipal Court to full-time effective Monday March 1, 2010. In addition she will begin receiving healthcare coverage through the court at that time.

If you have any questions, please feel free to contact me at extension 6700.

Sincerely,

Thomas E. Day, Jr.
Clerk of Court

Cc: Gina Meuti