

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board					
Full Name of Contributor Mark Easterling				Registration Number, if PAC	
Street Address 424 Forestwood Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Columbus	State O	Zip Code 43230	Form(Cash,Check,etc) Cash		Amount 30.00
Full Name of Contributor Contributors of \$25 or Less				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City	State O	Zip Code	Form(Cash,Check,etc) Cash		Amount 130.00
Full Name of Contributor Angela Zeigler				Registration Number, if PAC	
Street Address 5278 Heathmoor St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Andrew Basista				Registration Number, if PAC	
Street Address 5278 Heathmoor St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor David Horn				Registration Number, if PAC	
Street Address 105 S. Brinker Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 70.00
Full Name of Contributor David Dobos				Registration Number, if PAC	
Street Address 8227 Glencree Pl.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Dublin	State O	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 70.00
Full Name of Contributor Maude Hill				Registration Number, if PAC	
Street Address 12171 Derby Ct. NW	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Pickerington	State O	Zip Code 43147	Form(Cash,Check,etc) Check		Amount 25.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 410.00