

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Friends of Dr. Anahi Ortiz					Registration Number, if PAC		
Street Address 7727 Sudbrook Sq.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1 0	D 1 6	Y 1 5	Amount 50.00	
Full Name of Contributor William Leibensperger					Registration Number, if PAC		
Street Address 2788 Scioto Station Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1 0	D 1 6	Y 1 5	Amount 50.00	
Full Name of Contributor Dorothy Bair					Registration Number, if PAC		
Street Address 941 Miriam Dr. E.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1 0	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor Stonewall Democrats of Central Ohio					Registration Number, if PAC		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Cornell Lewis					Registration Number, if PAC		
Street Address 5500 Glendalough St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Charge		
City Canal Winchester	State O H	Zip Code 43110	M 1 0	D 1 9	Y 1 5	Amount 100.00	
Full Name of Contributor Don McTigue					Registration Number, if PAC		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Charge		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 6	Y 1 5	Amount 100.00	
Full Name of Contributor Patrick McLean					Registration Number, if PAC		
Street Address P.O. Box 980429		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Charge		
City Ypsilanti	State M I	Zip Code 48198	M 1 1	D 0 2	Y 1 5	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)]