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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Baker for the Board			15		1			
Full Name of Contributor			Registra	ition Num	ber, if PA	C		
Doreen Neuhoff Uhas-Sauer						F (0.1.0)		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
2111 Iuka Ave.			-		,	Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Columbus	OH	43201	1 1	1 5	0 7		100.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
Dan Stewart for State Representative	ve							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
947 Goodale Blvd., Suite 201						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43212	1 1	1 5	0 7		50.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
Marilyn E. Zimmerman								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
275 Whitethorne Ave.							Check	
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43223	$1 \mid 1$	1 5	0 7		50.00	
Full Name of Contributor	•		Registra	ation Nun	iber, if PA	VC		
Norman F. Russell								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
2235 Holt Rd.						Check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	111	1 5	0 7		25.00	
Full Name of Contributor			Registra		ber, if PA	\C		
Total contributions from form 31-E								
Street Address		Employer/Occupation/Labor Organization*			•	Form (Cash, Cl	neck, etc.)	
City	State	Zip Code	М	D	Y	Amount	****	
,		·	1 0	2 0	0 7		195.00	
Full Name of Contributor					nber, if PA	\C		
AND SECOND THE SECOND S								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
							, ,	
City	State	Zip Code	М	D	Y	Amount		
1	<u> </u>	'		į				
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC		
Tun rumo or controllor					,	.0		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Cl	heck etc.)	
Steet Address	Employer/Occu	patron Eacor Organization				Tom (Casil, Ci	ilcck, cic.)	
City	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	IVI		1 1	Amount		
Tull Name of Contails story		İ	Parietm	otion Num	nhon if D	<u> </u>		
Full Name of Contributor Registration Number, if PAC								
0411	E. 1 /0					F. (C : 2		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
		Terror			1	ļ		
City	State	Zip Code	М	D	Y	Amount		

Page Total \$	420.00
	120.00

^{*} 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)]