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Statement of Loans Received

Prescribed by Secretary of State3/05

<u></u>			_								_		
Full Name of Committee													1
Baker for the Board											•		
From Whom Received	<u>-</u>		•						Prior A	mount		Ami, Incur	red this Period
Gary Baker											0.00		5,000.00
Address .						_			416	1 2 2	12.70	Outstandin	
2142 Staghorn Way									A.F.	<i>,</i>	4.6	ľ	5,000.00
City	State	Zip Code		Loa	ns Recei	ved This	Period				Paym	ents This P	
Grove City	OH	43123	3		Date		•	Amount		Dat	ė		Amount
Date Loan was originally ' :	M)	D	Y	M;	D	Y	S		M:	D	Y	S	-
Incurrêd 5	0 6	2 9	017	0 6	219	017		5,000.00	ı I	1		l	
Registration Number, if PAC			- ·	M:	D	Y			M:	D	Y		•
•			1		1 1	1 1				1			
Employer/Occupation/Labor Organization®				M	D	Y			M	D	Y	<u> </u>	•
-			1		li								
From Whom Received							•	• .	Prior A	nount		Amt, Incur	red this Period
•												ŀ	
Address								•	九	. 13	to the	Outstandin	g Balance
•									高さ		3	Outstandin	· ;
City	State	Zip Code		Loz	ns Recei	ved This	Period					ents This P	
·	1	l `			Date			Amount		Dat	-	CLC THE	Amount
Date Loan was originally	M [,]	D	Y	M·	D	ΙΥ	S		M [,]	D	ΙΥ	Is	
Date Loan was originally		1 1	Ì		li	lι	1			1		l	
Registration Number, if PAC				M ¹	D	Y	1		M ¹	D	Y		•
						li	ŀ			1	Li		
Employer/Occupation/Labor Organization*				M	D	Y	1		M ⁱ	D	Y		•
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From Whom Received					<u> </u>	<u> </u>	-		Prior A	mount		Amt Incur	red this Period
1			•										
Address									: 25		1-412	Outstandin	g Balance
									΄.		5	Outstandin	
City	State	Zip Code		1.00	ns Recei	ued This	Period					ents This P	
1	I			"	Date	• • • • • • • • • • • • • • • • • • • •	i tiloa	Amount		Dat	-	¢1113 1 1113 1	Amount
Date Loan was originally	M.	D	Y	M·	D	ΙΥ	Is		M ¹	l D	ΓΥ	s	
Date Loan was originally Incurred			i -		Ĩ	1	ľ			1 1		1	•
Registration Number, if PAC	1	''		M ⁱ	D	Y	\vdash		M ^c	<u> </u>	Y	 	
			•	```	ĺ	1				ĺ	Li		
Employer/Occupation/Labor Organization*		-		M ¹	D	Y	+		M ⁱ	<u> </u>	<u>'</u>	├	<u> </u>
- Indicate Company Comments			•	"	Ιű	Li			"	Ιĩ	Li		•

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance"	space. Transfer total of all loans received this	period to the Statement of Other Income	(Form No. 31-A-2)
Transfer total of all payments made in this period to the Statement of	f Expenditures (Form No. 31-B), Transfer Tot	tal Outstanding Balance to the cover page	e (Form No. 30-A).

1	Total prior amount \$	0.00
2	Total received this period \$	5,000.00 (To Form No. 31-A-2)
3	Total Payments this Period \$. 0.00 (also record on Form 31-B
4	Total Outstanding Balance \$	5,000.00 (To Form No. 30-A)

Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business
if any, rather than employer should be listed. If two ormore employees donate 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)