

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 Caren J. Zaft			Registration Number, if PAC	
Street Address 836 Thurber Dr. West, Apt. 1	Employer/Occupation/Labor Organization*		M D Y 110 211 017	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Keena Smith			Registration Number, if PAC	
Street Address 1638 Minturn Dr.	Employer/Occupation/Labor Organization*		M D Y 110 211 017	Amount 25.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Friends of Ginther			Registration Number, if PAC	
Street Address 405 E. Town St.	Employer/Occupation/Labor Organization*		M D Y 110 211 017	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Balson			Registration Number, if PAC	
Street Address 4529 Braithway St.	Employer/Occupation/Labor Organization*		M D Y 110 211 017	Amount 25.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey N. Wise			Registration Number, if PAC	
Street Address 2959 Crescent Dr.	Employer/Occupation/Labor Organization*		M D Y 110 211 017	Amount 20.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	

* 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

195.00

Total expenditures this event

300.00

Page Total \$ 195.00