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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| · · · · · · · · · · · · · · · · · · ·                  |   |                           |                             |            |             |                             |  |
|--|---|---------------------------|-----------------------------|------------|-------------|-----------------------------|--|
| Name of Committee in Full                              |   |                           |                             |            |             |                             |  |
| Baker for the Board                                    |   |                           |                             |            |             |                             |  |
| ull Name of Contributor                                |   |                           | Registration Number, if PAC |            |             |                             |  |
| OAPSE AFSCME Turnaround Ohio PA                        | PAC LA 1269                             |                           |                             | 9          |             |                             |  |
| Street Address   | Employer/Occupa                         | ntion/Labor Organization* | -                           |            |             | Form (Cash, Check, etc.)    |  |
| 6805 Oak Creek Dr.                                     |   |                           |                             |            |             | Check                       |  |
| City   | State                                   | Zip Code                  | М                           | D          | Y           | Amount                      |  |
| Columbus   | OIH                                     | 43229                     | 10                          | 1 6        | 1 3         | 2,000.00                    |  |
| Full Name of Contributor                               | <u> </u>                                | 1 10225                   |                             |            | ber, if PA  |                             |  |
|  |   |                           |                             |            |             |                             |  |
| Street Address   | Employer/Occurs                         | ation/Labor Organization* | Ь                           |            |             | Form (Cash, Check, etc.)    |  |
| Street Address   | Simpley of Contract of Guillians        |                           |                             |            |             | Total (Casil, Check, Cic.)  |  |
| Circ.  | Crea                                    | 2:- C-4:                  | 1 1/                        |            | 1 1/        |                             |  |
| City   | State                                   | Zip Code                  | M                           | D          | Y           | Amount                      |  |
|  |   |                           | 1                           |            |             |                             |  |
| Full Name of Contributor                               | ber, if PA                              | C                         |                             |            |             |                             |  |
|  |   |                           |                             |            |             |                             |  |
| Street Address   | Employer/Occupa                         | ation/Labor Organization* |                             |            |             | Form (Cash, Check, etc.)    |  |
|  |   |                           |                             |            |             |                             |  |
| City   | State                                   | Zip Code                  | М                           | D          | Ÿ           | Amount                      |  |
|  |   |                           |                             | 1 1        |             |                             |  |
| Full Name of Contributor                               |   |                           | Registra                    | tion Num   | ber, if PA  | Ċ                           |  |
|  |   |                           |                             |            |             |                             |  |
| Street Address   | Employer/Occup                          | ation/Labor Organization* |                             |            |             | Form (Cash, Check, etc.)    |  |
|  |   |                           |                             |            |             |                             |  |
| City   | State                                   | Zip Code                  | Тм                          | D          | Y           | Amount                      |  |
|  |   |                           | 1 "                         |            |             | ,                           |  |
| Full Name of Contributor                               | .1                                      | <u> </u>                  | Registra                    | tion Num   | ber, if PA  | C                           |  |
| , an induction controlled                              |   |                           | Registra                    | idon isani | bet, it t / | C                           |  |
| Street Address   | Employer/Occupation/Labor Organization* |                           |                             |            |             | Form (Cash, Check, etc.)    |  |
| Sirect Address   |   |                           |                             |            |             | rotti (Casii, Cileck, etc.) |  |
| City   | <u> </u>                                | Tz:- C-1-                 | 1 17                        | T 15       | 1 7,        |                             |  |
| Cry  | State                                   | Zip Code                  | M                           | D          | Y           | Amount                      |  |
| a 10.0   |   |                           | <u> </u>                    |            |             |                             |  |
| Full Name of Contributor Registration Num              |   |                           |                             |            |             | С                           |  |
|  |   |                           |                             |            |             |                             |  |
| Street Address   | Employer/Occupation/Labor Organization* |                           |                             |            |             | Form (Cash, Check, etc.)    |  |
|  |   |                           |                             |            |             |                             |  |
| City   | State                                   | Zip Code                  | M                           | D          | Y           | Amount                      |  |
|  |   |                           |                             |            |             |                             |  |
| Full Name of Contributor                               | -                                       |                           | Registra                    | tion Num   | ber, if PA  | C                           |  |
|  |   |                           |                             |            |             |                             |  |
| Street Address   | Employer/Occupa                         | ation/Labor Organization* |                             |            |             | Form (Cash, Check, etc.)    |  |
|  |   |                           |                             |            |             |                             |  |
| City   | State                                   | Zip Code                  | М                           | D          | Y           | Amount                      |  |
|  | 1 1                                     |                           | 1 1                         | l 1        |             |                             |  |
| Full Name of Contributor                               | .!                                      |                           | Registra                    | tion Num   | her if PA   |                             |  |
| Full Name of Contributor Registration Number, if PAG   |   |                           |                             |            |             | ~                           |  |
| irrect Address Employer/Occupation/Labor Organization* |   |                           |                             |            |             | Reven (Cach, Charles et )   |  |
|  |   |                           |                             |            |             | Form (Cash, Check, etc.)    |  |
| Cinc   | C                                       | 7:- C-4.                  | Lv                          | Б          | T 12        |                             |  |
| City   | State                                   | Zîp Code                  | M                           | D          | Y           | Amount                      |  |
|  | 1                                       | <u> </u>                  |                             |            |             |                             |  |

• 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)]

Page Total \$ 2,000.00