Statement of Contributions Received

Prescribed by Secretary of State 3/05

		···········					-	
Name of Committee in Full	ı							
Baker for the Board		······································	- In	. 37 1	:CD 4			
Full Name of Contributor	ı		Registrati	ion Numi	oer, ii PA	C		
Mariann Futty						- (C 1 C)		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
106 Binns Blvd.						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43204	0 3	1 7	0 7		40.00	
Full Name of Contributor	1		Registrat	ion Numl	ber, if PA	С		
Mary Rinaldi								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
231 Barcelona Ave.						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43081	0 3	1 7	0 7		200.00	
Full Name of Contributor	1		Registrat	ion Num	ber, if PA	.C		
David Horn								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
105 S. Brinker Ave.		, — , — — — — — — — — — — — — — — — — —				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43204	0 3	1 7	0 7	•	200.00	
Full Name of Contributor		10201			ber, if PA	C.		
Karen Whitman								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
	Zimpioy exist e comp	Employer/Occupation Labor Organization			•	Check		
2467 Eakin Rd.	State	Zip Code	М	D	Y	Amount		
I *	OH	43204	1	1 7	i		100.00	
Columbus Full Name of Contributor	0 11	40204			ber, if PA	AC .	100.00	
			Ttop.buu.	4011 T (4111	,			
David Slack	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck etc.)	
Street Address	Employer/Occup	atton/Labor Organization				Check		
429 Townsend Ave.	Ctata	Zip Code	М	D	Y	Amount		
City	State H	1 -		1 .	017		100.00	
Columbus	0 H	43223	0 3		ber, if PA		100.00	
Full Name of Contributor	ı		Registra	HOII INUIE	idei, ii F	10		
Joyce Leeth		-, -, -, -, -, -, -, -, -				Form (Cash, Ch	anic ata)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*						
244 Barcelona Ave.					T ,;	Check		
City	State	Zip Code	M	D	Y	Amount	200.00	
Columbus	O H	43081			0 7		200.00	
Full Name of Contributor	1		Registra	tion Nun	iber, if P	AC		
Daryl Hennessy								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2965 Palmetto St.						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43204	0 3				200.00	
Full Name of Contributor		·····	Registra	tion Nun	iber, if P	AC		
David Dobos								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2911 Crescent Dr.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43204	0 3	2 7	0 7	'	200.00	

* 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)]

Page Total \$	1,240.00