

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Shirley Slaon					Registration Number, if PAC		
Street Address 6471 Middleshire St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Betty Drummond					Registration Number, if PAC		
Street Address 5742 Jarkin Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Hanifah Kambon					Registration Number, if PAC		
Street Address 63 North Ohio Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43203	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Viren Patel					Registration Number, if PAC		
Street Address 3045 E. Main St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor SEIU Local 1 Ohio PCE					Registration Number, if PAC		
Street Address 1368 E. 34th St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44114	M 1	D 0	Y 1	Amount 750.00	
Full Name of Contributor Daryl Hennessy					Registration Number, if PAC		
Street Address 2965 Palmetto St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC LA 1269					Registration Number, if PAC 1269		
Street Address 6805 Oak Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 1	D 0	Y 7	Amount 2,500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]