

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
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 0 3	D 2 4	Y 1 5	Amount 2,500.00	
Full Name of Contributor Jody Gahman Dzurandin						Registration Number, if PAC	
Street Address 5707 Aderholt Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 0 4	D 0 4	Y 1 5	Amount 50.00	
Full Name of Contributor Sara Fleming						Registration Number, if PAC	
Street Address 2805 Wapak Ave. #93			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Sidney,	State O H	Zip Code 45365	M 0 4	D 0 2	Y 1 5	Amount 25.00	
Full Name of Contributor J.B. Rinehart						Registration Number, if PAC	
Street Address 4776 Smoketalk Ln.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State O H	Zip Code 43081	M 0 4	D 0 1	Y 1 5	Amount 50.00	
Full Name of Contributor Robert Weiler						Registration Number, if PAC	
Street Address 10 N. High St., Suite 401			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 3	D 3 0	Y 1 5	Amount 100.00	
Full Name of Contributor Amy Klaben						Registration Number, if PAC	
Street Address 238 N. Cassady Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State O H	Zip Code 43209	M 0 4	D 0 9	Y 1 5	Amount 50.00	
Full Name of Contributor Maude Hill						Registration Number, if PAC	
Street Address 8238 Kathleen Cir.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 0 9	Y 1 5	Amount 25.00	
Full Name of Contributor Donald McTigue						Registration Number, if PAC	
Street Address 545 E. Town St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 9	Y 1 5	Amount 50.00	

* 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)]