

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Tom Baker						
Full Name of Contributor John A. Difrangia				Registration Number, if PAC		
Street Address 3169 Walkerview Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2 4 1 3	Amount \$50.00
Full Name of Contributor Timothy J. Ryan				Registration Number, if PAC		
Street Address 4896 Brixston Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2 4 1 3	Amount \$20.00
Full Name of Contributor Lisa M. Dockus				Registration Number, if PAC		
Street Address 3393 Woodlake Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Loveland	State OH	Zip Code 45140	M 0	D 3	Y 2 9 1 3	Amount \$35.00
Full Name of Contributor Carroll Yocum				Registration Number, if PAC		
Street Address 664 College Crest Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M 0	D 3	Y 3 1 1 3	Amount \$50.00
Full Name of Contributor Kathryn Simpson				Registration Number, if PAC		
Street Address 3847 Dayspring Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2 6 1 3	Amount \$35.00
Full Name of Contributor Neal Beeler				Registration Number, if PAC		
Street Address 4861 Vandom Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2 8 1 3	Amount \$50.00
Full Name of Contributor Kim Walter				Registration Number, if PAC		
Street Address 5394 Riverbrook Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 3	Y 2 5 1 3	Amount \$50.00
Full Name of Contributor James Ashenhurst				Registration Number, if PAC		
Street Address 4609 Family Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2 5 1 3	Amount \$100.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$390.00**