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Page	<u>1</u>	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Baker for the Board						
Full Name of Contributor			Registra	tion Num	ber, if PA	c
Scott Scriven						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
250 E. Broad St., Suite 900	ĺ					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	0:3	2.1	1.7	250.00
Full Name of Contributor Registration Number, if PAC						C
Scott Scriven						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
250 E. Broad St., Suite 900						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	1 0	1 8	1_7	750.00
Full Name of Contributor			Registra	tion Num	ber, if PA	c .
OAPSE AFSCME Turnaround Ohio PA	C LA 1269		126	9		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
6805 Oak Creek Dr.						Check
City	State	Zip Code	M	D	Y	Amount
Upper Arlington	OH	43229	0 9	2 5	1 7	6,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Rich & Gillis Law Group						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
6400 Riverside Dr., Suite D		<u> </u>				Check
City	State	Zip Code	M	D	Y	Amount
Columbus	ОН	43017	1 0		1 7	500.00
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>				,	<u> </u>
City	State	Zip Code	M	D	Y	Amount
	<u></u>	<u> </u>	-		100	
Full Name of Contributor Registration Number, if PA				ber, if PA	C	
					F (C 1 C 1 + 1)	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	Chata	Zip Code	М	T 5	T v	A
City	State	Zip Code	l IVI	D	'	Amount
Full Name of Contributor	<u> </u>	<u> </u>	Pagiatra	tion Num	ber, if PA	
Full Name of Contributor			Registia	tion Num	uei, ii FA	C
C A 11	Employar/Occupy	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	reet Address Employer/Occupation/Labor Organization*				om (cash, check, etc.)	
Cin.	State	Zip Code	М	D	Y	Amount
City	State	Zip code	"		'	Anount
Full Name of Contributor			Registra	tion Num	her if PA	<u></u>
Full Name of Contributor Registration Number, if PAC						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check,			Form (Cash, Check, etc.)			
Street Address Employer/Occupation/Labor Organization*				. S.m (Cash, Check, etc.)		
Cit.	State	Zip Code	М	D	ΙΥ	Amount
City	State	2 ip Code	1 "	້	1	
		1 16 15 15 1		<u> </u>	and the n	ama af tha

\* 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 \$	7,500.00