31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Baker for the Board								
Full Name of Contributor							Registration Number, if PAC	
Robert J. Weiler								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10 N.High St. Ste 401							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43215	10	06	15		500.00	
Full Name of Contributor							Registration Number, if PAC	
Michael F. Curtin								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1370 Cambridge Blvd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43212	10	07	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
Monica H. Brown								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3941 Lytham Ct.							Check	
City	State	Zip Code	M	D	Y		Amount	
Upper Arlington	O | H	43220	10	07	15		200.00	
Full Name of Contributor							Registration Number, if PAC	
Doreen Nuehoff Uhas-Sauer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2111 luka Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43201	10	07	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
OAPSE AFSCME Turnaround Ohio PAC LA 1269							1269	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6805 Oak Creek Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43229	09	11	15		5,000.00	
Full Name of Contributor							Registration Number, if PAC	
Tom G. Peponis Jr.								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
126 Price Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43201	09	08	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
Daryl Paul Hennessy								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2965 Palmetto St.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43204	08	31	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
G. Scott								
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	O | H	43215	08	31	15		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 6,150.00