

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor William Tankovich					Registration Number, if PAC		
Street Address 4217 Eagle Head Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 110	D 016	Y 115	Amount 50.00	
Full Name of Contributor Gerard Tankovich					Registration Number, if PAC		
Street Address 5377 Amy Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 110	D 016	Y 115	Amount 100.00	
Full Name of Contributor Donald Leach					Registration Number, if PAC		
Street Address 191 W. Nationwide Blvd., Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 110	D 016	Y 115	Amount 200.00	
Full Name of Contributor Anthony Stephens					Registration Number, if PAC		
Street Address 19736 Westmoreland		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Detroit	State M I	Zip Code 48219	M 110	D 016	Y 116	Amount 500.00	
Full Name of Contributor Kevin Robinson					Registration Number, if PAC		
Street Address 318 Shyanne Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Powell	State O H	Zip Code 43065	M 110	D 016	Y 115	Amount 50.00	
Full Name of Contributor Kimberly Smith					Registration Number, if PAC		
Street Address 4426 Melroy Ave. Apt. A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 110	D 016	Y 115	Amount 25.00	
Full Name of Contributor Dan Martin					Registration Number, if PAC		
Street Address 5632 Hathon Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Hilliard	State O H	Zip Code 43026	M 110	D 016	Y 115	Amount 100.00	
Full Name of Contributor Citizens for Bishoff					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 110	D 219	Y 115	Amount 250.00	

* 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 \$ 1,275.00