

Event Date	06/14/07
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board					
Full Name of Contributor Jimmy J. Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash, Check, etc) Check		
Full Name of Contributor Judith Manley				Registration Number, if PAC	
Street Address 140 Haldy Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash, Check, etc) Check		
Full Name of Contributor Theodore Celeste				Registration Number, if PAC	
Street Address 1230 Oakland Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash, Check, etc) Check		
Full Name of Contributor David A. Horn				Registration Number, if PAC	
Street Address 105 S. Brinker Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash, Check, etc) Check		
Full Name of Contributor Joyce Leeth				Registration Number, if PAC	
Street Address 244 Barcelona Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43081	Form(Cash, Check, etc) Check		
Full Name of Contributor Karen Whitman				Registration Number, if PAC	
Street Address 2467 Eakin Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash, Check, etc) Check		
Full Name of Contributor Jason Aaron				Registration Number, if PAC	
Street Address 69 Whitethorne Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43223	Form(Cash, Check, etc) Check		

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 360.00