

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 Shirley R. Sloan				Registration Number, if PAC	
Street Address 6471 Middleshire Street		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43229		Form(Cash, Check, etc) Check	
Full Name of Contributor Timothy F. Collopy				Registration Number, if PAC	
Street Address 3621 Cove Lake Ln.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43123		Form(Cash, Check, etc) Check	
Full Name of Contributor Amy D. Klaben				Registration Number, if PAC	
Street Address 238 N. Cassady Ave.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Bexley	State O H	Zip Code 43209		Form(Cash, Check, etc) Check	
Full Name of Contributor Linda Kienle				Registration Number, if PAC	
Street Address 3621 Cove Lake Ln.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Grove City	State O H	Zip Code 43123		Form(Cash, Check, etc) Check	
Full Name of Contributor Richard Derthick				Registration Number, if PAC	
Street Address 1855 SW Springfield Ct.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Palm City	State F L	Zip Code 34990		Form(Cash, Check, etc) Check	
Full Name of Contributor Mark S. Froelich				Registration Number, if PAC	
Street Address 3440 Olentangy River Rd. #10A		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43202		Form(Cash, Check, etc) Check	
Full Name of Contributor Marialyce Sunami				Registration Number, if PAC	
Street Address 408 Fairwood Ave.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43205		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 \$ 225.00