

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Tom Baker</b>									
Full Name of Contributor <b>Libby V. Gierach</b>						Registration Number, if PAC			
Street Address <b>3585 Skipstone Pl.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43221</b>		M D Y <b>0 4 2 0 1 3</b>		Amount <b>\$75.00</b>
Full Name of Contributor <b>Manoj Sethi</b>						Registration Number, if PAC			
Street Address <b>7674 Johntimm Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>			State <b>OH</b>		Zip Code <b>43017</b>		M D Y <b>0 4 2 2 1 3</b>		Amount <b>\$25.00</b>
Full Name of Contributor <b>Committee to Elect Donald Schonhardt</b>						Registration Number, if PAC			
Street Address <b>5307 Franklin St.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>			State <b>OH</b>		Zip Code <b>43026</b>		M D Y <b>0 4 3 0 1 3</b>		Amount <b>\$500.00</b>
Full Name of Contributor <b>Tom Baker</b>						Registration Number, if PAC			
Street Address <b>4893 Brixston Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>			State <b>OH</b>		Zip Code <b>43026</b>		M D Y <b>0 5 0 7 1 3</b>		Amount <b>\$650.00</b>
Full Name of Contributor <b>BIA Build PAC of Central Ohio</b>						Registration Number, if PAC			
Street Address <b>495 Executive Campus Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>			State <b>OH</b>		Zip Code <b>43082</b>		M D Y <b>0 5 0 2 1 3</b>		Amount <b>\$250.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M D Y		Amount

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,500.00**