Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-		
Baker for the Board								
all Name of Contributor					Registration Number, if PAC			
Robert N. Shamansky								
Street Address	Employer	/Occupa	ntion/Labor Organization*				Form (Cash, Chec	k, etc.)
41 S. High St. , 26th Floor							Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus	loi	Н	43215	017	217	017		25.00
Full Name of Contributor			1			ber, if PA	C	
Edwin Sparks								
Street Address	Employer	/Occupa	ation/Labor Organization*			-	Form (Cash, Chec	k, etc.)
4190 Fredericksburg Ave.		_	-				Check	•
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus		Н	43228	اماما	014	017		25.00
Full Name of Contributor			10220					20.00
Full Name of Contributor Registration Number, if PAC Ruth M. Glass								
Street Address	Employer	/Occurs	ation/Labor Organization*	-	-		Form (Cash, Check, etc.)	
41 E. Lincoln Ave.		Employer/Occupation/Labor Organization			·Check			-, ••••
City	- Sta	ite	Zip Code	Тм	a	Y	Amount	
Columbus	آ٥	H	43215	018		0 7	, diloun	25.00
Full Name of Contributor	101		43213			ber, if PA		20.00
E. Renee Derthick				Kegisua	ujon iveni	oci, n i A	_	
Street Address	Employe	·/Ocarne	ation/Labor Organization*				Form (Cash, Chec	k etc)
	Lampioye	лоссира	don Lator Organization				• •	x , cic.)
1855 SW Springfield Ct.			Zip Code	1 17	L	ΙΥ	Check Amount	
	Sta	iie I	l .	M	D		Amount	25.00
Palm City	F		34990	0 8				25.00
Full Name of Contributor Registration Number, if PAC								
Sara Lou Fleming	I						e	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2805 Wapakoneta Ave. Lot 92			<u></u>	1			Check	
City	Su		Zip Code	M	D	Y	Amount	20.00
Sidnev	101	H	45365	0 8				20.00
Full Name of Contributor				Registra	ttion Num	ber, if PA	C	
Marye Argetes								
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)
936 W. Rob Ave. Apt. 302							Check	
City	Sta	uc	Zip Code	M _.	D	Y	Amount	
Columbus	0	H	45801	08	<u> 1 3</u>	0 7		20.00
Full Name of Contributor				Registra	ttion Num	ber, if PA	.C	
Joseph Ryan, DDS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)
2233 W. Broad St	1						Check	
City	St	ate	Zip Code	М	Đ	Y	Amount	
Columbus	0	H	43223	0 8	14	017		50.00
Full Name of Contributor . Registration Number, if PAC								
Julia L. Dorrian								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
130 Northridge Rd.							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43214	0]8	115	017		25.00
and the completion from individuals over \$100 to statewide or	1	1						

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)]

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