

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Robert N. Shamansky					Registration Number, if PAC		
Street Address 41 S. High St., 26th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 7	Y 0 7	Amount 25.00	
Full Name of Contributor Edwin Sparks					Registration Number, if PAC		
Street Address 4190 Fredericksburg Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 0 8	D 0 4	Y 0 7	Amount 25.00	
Full Name of Contributor Ruth M. Glass					Registration Number, if PAC		
Street Address 41 E. Lincoln Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 2	Y 0 7	Amount 25.00	
Full Name of Contributor E. Renee Derthick					Registration Number, if PAC		
Street Address 1855 SW Springfield Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Palm City	State F L	Zip Code 34990	M 0 8	D 1 3	Y 0 7	Amount 25.00	
Full Name of Contributor Sara Lou Fleming					Registration Number, if PAC		
Street Address 2805 Wapakoneta Ave. Lot 92		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sidnev	State O H	Zip Code 45365	M 0 8	D 1 3	Y 0 7	Amount 20.00	
Full Name of Contributor Marye Argetes					Registration Number, if PAC		
Street Address 936 W. Rob Ave. Apt. 302		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 45801	M 0 8	D 1 3	Y 0 7	Amount 20.00	
Full Name of Contributor Joseph Ryan, DDS					Registration Number, if PAC		
Street Address 2233 W. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 0 8	D 1 4	Y 0 7	Amount 50.00	
Full Name of Contributor Julia L. Dorrian					Registration Number, if PAC		
Street Address 130 Northridge Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 8	D 1 5	Y 0 7	Amount 25.00	

* 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))