Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|--|---------------|---|-----------------------------|--------------|--|--------------------------|--|
| Baker for the Board | | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Total contributions from form 31-A | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | м 0 6 | D 1 4 | у 0 7 | Amount -1,175.00 | |
| Full Name of Contributor | | | | tion Numb | | | |
| Total contributions from form 31-A | | | _L | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | м 0 6 | D 1 6 | 9 0 7 | Amount 200.00 | |
| ull Name of Contributor Total contributions from form 31-A Registration Number, if PA | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, G | | |
| City | State | Zip Code | м 0 7 | 3 0 | у 0 7 | Amount 625.00 | |
| Full Name of Contributor | | | | tion Num | | | |
| Total contributions from form 31-A Street Address | Employer/Occ | ipation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| DEVI FIGURES | | 3 | | , | | | |
| City | State | Zip Code | м 0 7 | о 3 1 | у 0 7 | Amount 475.00 | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | .C | |
| Total contributions from form 31-A | | | | | | | |
| Street Address | Employer/Occi | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | м 0 8 | D 2 6 | $\begin{bmatrix} \mathbf{y} \\ 0 \mid 7 \end{bmatrix}$ | Amount 235.00 | |
| Full Name of Contributor Total contributions from form 31-A Registration Number, if PA | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | м 1 0 | D 0 6 | $\begin{vmatrix} \mathbf{y} \\ 0 & 7 \end{vmatrix}$ | Amount 605.00 | |
| Full Name of Contributor | | | | ation Num | | | |
| Angela Zeigler | | | | | | | |
| Street Address | Employer/Occ | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 5278 Heathmoor St. | | Zin Codo | | I D | TV | Check | |
| City Columbus | O H | Zip Code 43235 | м 0 3 | D 1 7 | $\begin{vmatrix} \mathbf{y} \\ 0 \end{vmatrix} 7$ | Amount 200.00 | |
| Full Name of Contributor | | | | ation Num | | | |
| Joseph Decker | | | | | | _ | |
| Street Address 2904 Crescent Dr. | Employer/Occ | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| 2904 Crescent Dr. | State | Zip Code | М | D | Y | Amount | |
| Columbus | 0 H | 1 | | 1 7 | 1 | i . | |

* 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)]