

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Total contributions from form 31-A						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	6	1	4	0
			7				1,175.00
Full Name of Contributor Total contributions from form 31-A						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	6	1	6	0
			7				200.00
Full Name of Contributor Total contributions from form 31-A						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	7	3	0	0
			7				625.00
Full Name of Contributor Total contributions from form 31-A						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	7	3	1	0
			7				475.00
Full Name of Contributor Total contributions from form 31-A						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	8	2	6	0
			7				235.00
Full Name of Contributor Total contributions from form 31-A						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	0	6	0
			7				605.00
Full Name of Contributor Angela Zeigler						Registration Number, if PAC	
Street Address 5278 Heathmoor St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43235	M	D	Y	Amount	
			0	3	1	7	0
			7				200.00
Full Name of Contributor Joseph Decker						Registration Number, if PAC	
Street Address 2904 Crescent Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M	D	Y	Amount	
			0	3	1	7	0
			7				40.00

* 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)]

Page Total \$ 3,555.00