Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR TOM BAKER				
Full Name of Contributor			Registration Number, if PAC	
Lisa Dockus				
Street Address 3393 Woodlake Court	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Loveland	State OH	Zip Code 45140	M D Y 0 3 2 8 1 7	Amount \$40.00
Full Name of Contributor			Registration Number, if PAC	
Timothy Ryan / Reagan Smith				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
4896 Brixston Dr.				Check
City	State	Zip Code	M D Y	Amount
Hilliard	OH	43026	0 3 1 8 1 7	\$20.00
Full Name of Contributor Friends of Cornell Robertson			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5434 Schatz Lane				Check
City Hilliard	State OH	Zip Code 43026	0 3 2 8 1 7	Amount \$25.00
Full Name of Contributor			Registration Number, if I	PAC
Steven H. Wittman / Renee Davis Wittman				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5384 Cee Court				Check
City Hilliard	State OH	Zip Code 43026	0 3 1 8 1 7	Amount \$25.00
Full Name of Contributor			Registration Number, if I	PAC
Nancy / Dana Weese				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5186 Forest Run Drive				Check
City	State	Zip Code	M D Y	Amount
Dublin	OH	43017	0 3 2 1 1 7	\$25.00
Full Name of Contributor Kotho (n. 1. Simpoon			Registration Number, if PAC	
Kathryn J. Simpson				
Street Address 3847 Dayspring Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City	S. h	[a: 0.1		
Hilliard	State OH	Zip Code 43026	0 3 1 7 1 7	Amount \$25.00
Full Name of Contributor			Registration Number, if I	PAC
M & R Interiors / Marlene Pitt			,	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
895 Elm Court				Check
City	State	Zip Code	M D Y	Amount
Heath	OH	43056	032517	\$50.00
Full Name of Contributor Wallace P. Cash or Barbara L. Cash	1		Registration Number, if I	PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4689 Prestige Lane	,			Check
City	State	Zip Code	M D Y	Amount
Hilliard	OH	43026	0 3 2 3 1 7	\$50.00

Page Total \$260.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]