

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board					
Full Name of Contributor Wierdella Gibbs				Registration Number, if PAC	
Street Address 2331 Argyle Ave.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 25.00
City Columbus	State OH	Zip Code 43219		Form(Cash,Check,etc) Check	
Full Name of Contributor Jimmy D. Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 25.00
City Columbus	State OH	Zip Code 43205		Form(Cash,Check,etc) Check	
Full Name of Contributor E. Renee Derthick				Registration Number, if PAC	
Street Address 1855 SW Springfield Dr.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 25.00
City Palm City	State FL	Zip Code 34990		Form(Cash,Check,etc) Check	
Full Name of Contributor Hamilton J. Teaford				Registration Number, if PAC	
Street Address 91 E. Deschler Ave.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 100.00
City Columbus	State OH	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Frederick L. Berkemer				Registration Number, if PAC	
Street Address 1806 Hickory Hill Dr.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 50.00
City Columbus	State OH	Zip Code 43228		Form(Cash,Check,etc) Check	
Full Name of Contributor Tei Street				Registration Number, if PAC	
Street Address 187 N. Garfield Ave.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 25.00
City Columbus	State OH	Zip Code 43203		Form(Cash,Check,etc) Check	
Full Name of Contributor Elizabeth Ford Kennedy				Registration Number, if PAC	
Street Address 387 E. Dunedin Rd.	Employer/Occupation/Labor Organization*			M D Y 07 30 07	Amount 25.00
City Columbus	State OH	Zip Code 43214		Form(Cash,Check,etc) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 275.00