

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 Mike Kuhn				Registration Number, if PAC	
Street Address 7703 Waggoner Chase Blvd.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	20.00
City Blacklick	State O H	Zip Code 43004		Form(Cash,Check,etc) Check	
Full Name of Contributor Chris Boring				Registration Number, if PAC	
Street Address 142 Wilber Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	25.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Marilyn Alvoid				Registration Number, if PAC	
Street Address 701 S. Ogden Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	20.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Dan Stewart				Registration Number, if PAC	
Street Address 363 Demorest Rd.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	50.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Dave Slack				Registration Number, if PAC	
Street Address 429 Townsend Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	25.00
City Columbus	State O H	Zip Code		Form(Cash,Check,etc) Check	
Full Name of Contributor Kristen Decker				Registration Number, if PAC	
Street Address 2904 Crescent Dr.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	20.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Amy Hofmeister				Registration Number, if PAC	
Street Address 1461 Stonewell Ct.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	25.00
City Galloway	State O H	Zip Code 43119		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 \$ 185.00