

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Baker									
Full Name of Contributor Stonewall Democrats Of Central Ohio							Registration Number, if PAC		
Street Address 340 E. Fulton Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M D Y 0 4 1 9 1 7		Amount \$100.00
Full Name of Contributor Jeniffer L & William M Quesenberry							Registration Number, if PAC		
Street Address 949 Lancaster Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg			State OH		Zip Code 43068		M D Y 0 4 1 9 1 7		Amount \$20.00
Full Name of Contributor Robert Y. Farrington							Registration Number, if PAC		
Street Address 33 E. Mithoff St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43206		M D Y 0 4 2 0 1 7		Amount \$50.00
Full Name of Contributor Citizens To Elect Mike Schadek							Registration Number, if PAC		
Street Address 1537 Guilford Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43221		M D Y 0 4 1 9 1 7		Amount \$100.00
Full Name of Contributor Citizens For Stinziano							Registration Number, if PAC		
Street Address 550 E Walnut St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M D Y 0 6 0 1 1 7		Amount \$125.00
Full Name of Contributor Dallas Baldwin For Sheriff							Registration Number, if PAC		
Street Address 3697 Juniper St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City			State OH		Zip Code 43123		M D Y 0 6 0 1 1 7		Amount \$200.00
Full Name of Contributor Leonardo Almeida							Registration Number, if PAC		
Street Address 3862 Abbie Lakes Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Debit		
City Canal Winchester			State OH		Zip Code 43110		M D Y 0 4 2 4 1 7		Amount \$20.00
Full Name of Contributor Raphael Davis-Williams							Registration Number, if PAC		
Street Address 1188 S. High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Debit		
City Columbus			State OH		Zip Code 43206		M D Y 0 4 2 4 1 7		Amount \$50.00

* 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)]

Page Total **\$665.00**