

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board													
Full Name of Contributor Gary Baker						Registration Number, if PAC							
Street Address 2142 Staghorn Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 0 4		D 1 8		Y 0 7		Amount 200.00	
Full Name of Contributor Renee Derthick						Registration Number, if PAC							
Street Address 1855 SW Springfield Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Palm City		State F L		Zip Code 34990		M 0 4		D 3 0		Y 0 7		Amount 300.00	
Full Name of Contributor Huntington PAC						Registration Number, if PAC C00165589							
Street Address 41 S. High St. HBI PAC			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 5		D 1 1		Y 0 7		Amount 250.00	
Full Name of Contributor Clair Cole-Sandel						Registration Number, if PAC							
Street Address 1570 Saguaro Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Farmington		State N M		Zip Code 57401		M 0 5		D 1 1		Y 0 7		Amount 200.00	
Full Name of Contributor Sharda Mehta						Registration Number, if PAC							
Street Address 3611 Ridgewood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 0 6		D 2 3		Y 0 7		Amount 5.00	
Full Name of Contributor James A. Johnson						Registration Number, if PAC							
Street Address 1084 Berkeley Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State O H		Zip Code 43206		M 0 6		D 2 5		Y 0 7		Amount 25.00	
Full Name of Contributor Linda Haley						Registration Number, if PAC							
Street Address 120 Binns Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43204		M 0 6		D 2 5		Y 0 7		Amount 75.00	
Full Name of Contributor Patrick McLean						Registration Number, if PAC							
Street Address 1010 Pearl St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Ypsilanti		State M I		Zip Code 48197		M 0 7		D 1 0		Y 0 7		Amount 100.00	

* 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 \$ 1,155.00