

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 Golden Jackson-Mergler				Registration Number, if PAC	
Street Address 155 W. Main St., Apt. 1401		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Katherine Meyer				Registration Number, if PAC	
Street Address 1179 Middleport Dr.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Design Group PAC				Registration Number, if PAC CP859	
Street Address 515 E. Main St.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Rosenthal				Registration Number, if PAC	
Street Address 5272 Rockport St.		Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

* 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

625.00

Total expenditures this event

300.00

Page Total \$ **125.00**