

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Edward Cavezza					Registration Number, if PAC		
Street Address 7677 Sutton Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 4	D 0 9	Y 1 5	Amount 250.00	
Full Name of Contributor Scott, Scriven & Wahoff, LLP					Registration Number, if PAC		
Street Address 250 E. Broad St., Suite 900		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 2	Y 1 5	Amount 100.00	
Full Name of Contributor Friends of Ramona Reyes					Registration Number, if PAC		
Street Address 1628 Francisco Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220-2506	M 0 4	D 0 9	Y 1 5	Amount 100.00	
Full Name of Contributor Bryan Steward					Registration Number, if PAC		
Street Address 7690 Calderdale St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004--9070	M 0 4	D 0 9	Y 1 5	Amount 100.00	
Full Name of Contributor Daryl Paul Hennessy					Registration Number, if PAC		
Street Address 2965 Palmetto St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0 4	D 1 0	Y 1 5	Amount 100.00	
Full Name of Contributor Michael Silverstein					Registration Number, if PAC		
Street Address 1093 Fountain Ln. Apt. D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213-4158	M 0 4	D 0 9	Y 1 5	Amount 50.00	
Full Name of Contributor Samuel Gresham					Registration Number, if PAC		
Street Address 2491 Waterfall Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209-3322	M 0 4	D 0 9	Y 1 5	Amount 100.00	
Full Name of Contributor N. Michelle Sutton					Registration Number, if PAC		
Street Address 570 Nashoba Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223-1706	M 0 4	D 0 9	Y 1 5	Amount 30.00	

* 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 \$ **830.00**