1 age C

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			· · · · · · · · · · · · · · · · · · ·					
Name of Committee in Full			·					
Baker for the Board								
Full Name of Contributor				Registrat	ion Numl	ber, if PA	С	
Robert N. Shamansky								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check	k, etc.)
41 S. High St., 26th Floor							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43215	0 7	2 7	0 7	·	25.00
Full Name of Contributor				Registrat	tion Num	ber, if PA	С	
Edwin Sparks								
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)
4190 Fredericksburg Ave.							Check	
City	S	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43228	018	0 4	0 7		25.00
Full Name of Contributor		<u> </u>				ber, if PA	С	
Ruth M. Glass								
Street Address	Employ	er/Occup	ation/Labor Organization*	-			Form (Cash, Chec	k, etc.)
		Employer/Occupation/Labor Organization					Check	
41 E. Lincoln Ave.	- -	tate	Zip Code	М	D	Y	Amount	
Columbus	آ ه ا	H	43215	0 8			1	25.00
Full Name of Contributor	10		40210			ber, if PA	C	
						,		
E. Renee Derthick	Employ	er/Occur	ation/Labor Organization*			·	Form (Cash, Chec	ck, etc.)
Street Address	Embioa	Employer/Occupation/Labor Organization*			Check			. ,
1855 SW Springfield Ct.		State Zip Code			D	ΙΥ	Amount	
City				M		1 .		25.00
Palm City	F	L	34990		1 3	ber, if PA		∠3.00
Full Name of Contributor				regisira	MUH INUII	1061, II P		
Sara Lou Fleming		/0	.:				Form (Cook Char	ck etc.)
Street Address	Employ	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2805 Wapakoneta Ave. Lot 92			Tel o l	135	1 5	177	Check	
City		tate	Zip Code	M	D	Y	Amount	20.00
Sidney	0	H	45365	0 8				20.00
Full Name of Contributor				Registra	ation Nun	aber, if P	AC .	
Marye Argetes							n (6 : 6	1
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
936 W. Rob Ave. Apt. 302							Check	
City		state	Zip Code	М	D	Y	Amount	20.00
Columbus	0	H	45801			0 7		20.00
Full Name of Contributor				Registra	ation Nur	nber, if Pa	AC	
Joseph Ryan, DDS								
Street Address	Employ	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
2233 W. Broad St.							Check	
City	:	State	Zip Code	М	D	Y	Amount	
Columbus	0	H	43223	0 8				50.00
Full Name of Contributor				Registr	ation Nur	nber, if P	AC	
Julia L. Dorrian								
Street Address	Emplo	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
130 Northridge Rd.							Check	
City		State	Zip Code	М	D	Y	Amount	
Columbus	0	H		0 8	1115	5 0 7	·	25.00
Columbus			10411	1010	1 4 1 4	<u> </u>	C a	

* 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 \$ 215.00