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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					_				
Baker for the Board									
Full Name of Contributor				Registr	ation	Numb	ber, if PA	/C	
OAPSE AFSCME Turnaround Ohio PA					69				
Street Address		/Осспра	ntion/Labor Organization*					Form (Cash, Check, etc.)	
6805 Oak Creek Dr.								Check	
City	Stat	le	Zip Code	М		D	Y	Amount	
Columbus	01	Н	43229	016	5   1	16	$1 \mid 1$	2,500.00	
Full Name of Contributor Registration Number, if PAC									
Teachers for Better Schools									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
929 E. Broad St.						Check			
City	Stat	le	Zip Code	М	Т	D	Y	Amount	
Columbus	loï	Н	43205	016	5/2	12	1   1	5,000.00	
Full Name of Contributor					_				
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
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City	Sta	te	Zip Code	M	$\top$	D	Y	Amount	
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Eath Marra of Contributor	1			Registr	ration	Nume	ber if P	AC.	
Full Name of Contributor Registration Number, if PAC									
Street Address Employer/Occupation/Labor Organization* Fo							Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization*								onn (Cash, Check, etc.)	
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City	Sta	uc	Zip Code	M		D I	Y	Amount	
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Full Name of Contributor Registration Number, if PAC								AL	
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Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
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Full Name of Contributor				Regist	ratio	n Num	ber, if P	ΛC	
Street Address	Employe	r/Occup	ation/Labor Organization*					Form (Cash, Check, etc.)	
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Full Name of Contributor	•			Regist	Iratio	n Num	ber, if P	'AC	
Street Address	Employe	r/Occup	oation/Labor Organization*					Form (Cash, Check, etc.)	
	1								
City	Sto	nte	Zip Code	М	$\top$	D	Ϋ́	Amount	
I `		ı		1 1					
Full Name of Contributor Registration Number, if PA							AC		
Thir Paint of Controllor									
Street Address Employer/Occupation/Labor Organization*				1				Form (Cash, Check, etc.)	
Succe valuess Employer/occupation/Endor Organization			1						
City	C+-	nte	Zip Code	М		D	ΤŸ	Amount	
City	31	 	- Apr Cour	"		1	;		
	1	<u>.                                    </u>	didutes If contributor is calf-gray	1	ㅗ		<del></del>		

\* 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 \$ 7,500.00