Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-		
Baker for the Board								
Full Name of Contributor Registration Number, if PA							10	
Doreen Neuhoff Uhas-Sauer					gistration Number, if FAC			
Street Address	Employer	/Occup	ation/Labor Organization*	—			Form (Cash, Che	rele etc.)
2111 Iuka Ave.	- Secupation Cubit Of Bankation				Check			
City	Sta	ite	Zip Code	l M	T D	T Y	Amount	
Columbus	loï	H	43201	1111	113			100.00
Full Name of Contributor	1 0 1		10201			mber, if P	<u> </u>	100.00
Dan Stewart for State Representative								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
947 Goodale Blvd., Suite 201						Check		
City	Sta	ite	Zip Code	М	D	Y	Amount	-
Columbus	01	Н	43212	1111	1115	5 017		50.00
Full Name of Contributor				Registr	_	mber, if P/		
Marilyn E. Zimmerman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
275 Whitethorne Ave.							Check	
City	Sta	ite	Zip Code	M	Đ	Y	Amount	
Columbus	0 1	Н	43223	111	115	5 0 7	1	50.00
Full Name of Contributor	<u> </u>			Registr	ation Nu	mber, if P	AC .	
Norman F. Russell								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2235 Holt Rd.			,				Check	
City	Sta		Zip Code	M,	D	Y	Amount	
Grove City	0	Н	43123	1 1				25.00
Full Name of Contributor Registration Number, if PAC								
Total contributions from form 31-E								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City			T2:- C-4-	1 14	T =	1		
City	Sta	ile	Zip Code	M	D	\int_{1}^{Y}	Amount	105.00
Full Name of Contributor	1 [1 0				195.00
Tun Name of Contributor				Registr	ation Nu	mber, if PA	AC .	
Street Address	Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							ol: ata \
	J.S.II.p.io, C.	оссир	anon cator Organization				Form (Cash, Che	ex, etc.)
City	Sta	ite	Zip Code	М	D	ΙΥ	Amount	
				"			ranown	
Full Name of Contributor	'			Registr	ation Nu	mber, if P	AC.	
Street Address	Employer	/Occupa	ation/Labor Organization*	<u> </u>	_		Form (Cash, Che	eck etc.)
	1	The state of the s					, com (C_an, cm	,
City	Sta	ite	Zip Code	М	D	Y	Amount	
	1			1 1		1 1		
Full Name of Contributor Registration Number, if PAC								_
Street Address	Employer/Occupation/Labor Organization*			_	-		Form (Cash, Che	ck, etc.)
	_							
City	Sta	te	Zip Code	М	D	Y	Amount	
	<u> </u>				1			
equired for contributions from individuals over \$100 to statewide and ger	neral accerni	du aaad	idates. If anatributor is salf am-	عاد أحددها			C.1	_

* 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 S	420.00