## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Baker for the Board			<b>.</b> .			
Full Name of Contributor			Registration Number, if PAC			
OAPSE AFSCME Turnaround Ohio P				9		
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
6805 Oak Creek Dr.						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43229	011	1117	1 4	1,000.00
ull Name of Contributor Registration Number, if PA						
David A. Dobos			1			
Street Address	Employer/Occur	nation/Labor Organization*			-	Form (Cash, Check, etc.)
P.O. Box 23037						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43223	012	1 .	1 4	250.00
Full Name of Contributor	0.11	1 43223				
Full Name of Contributor Registration Number, if PAC						C
Street Address	Employer/Occupation/Labor Organization*					r. (C.) (C.)
Street Madiess						Form (Cash, Check, etc.)
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City	State	Zip Code	M.	D	Y	Amount
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Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.)
					•	
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor	•	<del>,,,,,,,</del> ,	Registra	tion Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	ΙΥ	Amount
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Full Name of Contributor			Registra	tion Num	her if PA	
Full Name of Contributor Registration Number, if PAC						
Street Address Employer/Occupation/Labor Organization* Form (C						Form (Cash, Check, etc.)
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c.	r	77. 6.1	1 14	T 6		
City	State	Zip Code	M	l D	Y	Amount
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Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Ϋ́	Amount
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Full Name of Contributor	·	1	Registra	tion Num	ber, if PA	С
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount
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		1		<u> 1 i </u>	Į l	L

Page Total \$ 1,250.00

<sup>\*</sup> 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)]