








Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | |
|---|---|--------------------------|---|---|
| Name of Committee in Full Baker for the Board | | | | |
| Full Name of Contributor Robert T. Evans | | | Registration Number, if PAC | |
| Street Address 2444 Breathstone Dr. | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 6 0 7 | Amount 25.00 |
| City Powell | State OH | Zip Code 43065 | Form(Cash, Check, etc) Check |  |
| Full Name of Contributor Dr. David K. Davis | | | Registration Number, if PAC | |
| Street Address 112 Chaucer Ct. | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 6 0 7 | Amount 25.00 |
| City Worthington | State OH | Zip Code 43085 | Form(Cash, Check, etc) Check |  |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | Form(Cash, Check, etc) |  |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | Form(Cash, Check, etc) |  |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | Form(Cash, Check, etc) |  |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | Form(Cash, Check, etc) |  |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | State | Zip Code | Form(Cash, Check, etc) |  |

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

235.00

Total expenditures this event

0.00

Page Total \$ 50.00