1 Total prior amount \$

2 Total received this period \$

3 Total Payments this Period \$

4 Total Outstanding Balance \$

Page 1

Statement of Loans Received

				Pres	scribed by	/ Secretar	y of State	3/05					
Full Name of Committee						ensympto and and an							
Baker for the Board									Prior Am	ount		Amt. Incurred this Period	
From Whom Received									11101 1111		00.00	0.00	
Gary Baker										0,00	0.00	Outstanding Balance	
Address												5,000.00	
2142 Staghorn Way													
City		Zip Code								Date	-	ents This Period	
Grove City	ity O H 43123				Date Amount							Amount	
Date Loan was originally	M	D	Y	M	D	Y	\$		М	D	Y	\$	
Incurred	0 6	2 9	0 7					()				
Registration Number, if PAC	0 0 1		<u> </u>	М	D	Y			М	D	Y		
Registration Number, it i AC					1								
				N 4	D	Y	1		М	D	Y		
Employer/Occupation/Labor Organization*				M	ינו	1							
							1		Prior An	nount		Amt. Incurred this Period	
From Whom Received									PHOI AII	nount	0.00	2,000.00	
Diane Wendel Baker											0.00		
Address												Outstanding Balance	
2142 Staghorn Way												2,000.00	
City	State	Zip Code		Los	ne Receiv	ved This	Period				Paym	ents This Period	
	State Zip Code Loans Received This Period O H 43123 Date Amount									Date Amount			
Grove City			, Ү	M	D	Y	\$		M	D	Y	\$	
Date Loan was originally	М	D		l i	I .	1	B.	200	8 1				
Incurred	1 0	3 0	0 7	1 0	3 0	0 7		200		D	Y		
Registration Number, if PAC				М	D	Y			М		1		
Employer/Occupation/Labor Organization*					D	Y			M	D	Y		
From Whom Received									Prior A	Prior Amount Amt. Incurred this Period			
From whom Received												·	
												Outstanding Balance	
Address									100				
									Payments This Period				
City State Zip Code					Loans Received This Period					Da		Amount	
					Date			Amount					
Date Loan was originally	M	D	Y	М	D	Y	\$		М	D	Y	\$	
Incurred		Ì											
Registration Number, if PAC	3	1		М	D	Y			М	D	Y		
Registration (value), if 1710													
To the Committee of the	*			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				147			750						
			eponiciones en en en										
* Required for contributions over \$100 to so if any, rather than employer should be liste the employees are members, if any, must a	d. If two o	rmore em	ployees d	y candida onate via	ites. If coi payroll de	ntributor i	is self-em and excee	ployed, occupation d the aggregate of \$	and the nat	ne of the i	ndividual's	s business, which	
If a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this	e "Outstan period to	the Statem	nent of Ex	e. Transfe penditure	er total of s (Form N	all Ioans Io. 31-B)	received . Transfei	this period to the St Total Outstanding	atement of Balance to	Other Inc	ome (Forn page (For	n No. 31-A-2). m No. 30-A).	
1 Total prior amount \$		5,0	00.00										

2,000.00 (To Form No. 31-A-2)

7,000.00 (To Form No. 30-A)

0.00 (also record on Form 31-B)