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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Manus Commission in Eath							
Name of Committee in Full							
Baker for the Board			<u> </u>	, ,,			
Full Name of Contributor				Registration Number, if PAC			
Scott, Scriven & Wahoff, LLP							
Street Address	Employer/Occup	oation/Labor Organization*	_			Form (Cash, Check, etc.)	
50 W. Broad St., Suite 2500	1					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIH	43215	110	1.210	1:1	750.00	
Full Name of Contributor	0 1 11	.1 40210			ber, if PA		
			Kegisiu	tion i tain	001, 11 171	.c	
Karen Ball	10 1 10					n (0) (1)	
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.)	
P.O. Box 2813						Cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43216	1 0	2 0	111	50.00	
Full Name of Contributor	<u>-</u>	Registration Number, if PAC					
Street Address	Employer/Occur	nation/Labor Organization*	_ <u>L</u>			Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*						Total (Casa, Check, etc.)	
0'	C	Tz: 0.1	1 14	T B	1 17		
City	State	Zip Code	M M	D	Y	Amount	
			_				
Full Name of Contributor		· -	Registra	tion Num	ber, if PA	.C	
Street Address	reet Address Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				1 1			
Full Name of Contributor	, , , , , , , , , , , , , , , , , , , ,		Registra	tion Nun	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
,	EmployenOccu	panon Labor Organization				Politi (Casii, Cileck, etc.)	
		1					
City	State	Zip Code	M _.	D	Y	Amount	
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Full Name of Contributor			Registra	tion Nun	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
·	State	Zip Code	1 101	"	'	Alloun	
				<u> </u>	} .	<u> </u>	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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		1	[]	<u> </u>	<u> </u>		

* 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 \$ 800.00