31-A
R.C. 3517.10

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 PAC	
Daryl Hennessy							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2965 Palmetto St.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43204	10	20	11		50.00
Full Name of Contributor						Registration Number, if PAC	
Danielle Weber							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
809 S. Burgess Ave.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43204	10	20	11		40.00
Full Name of Contributor						Registration Number, if PAC	
David Dobos							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
8227 Glencree Pl.							Check
City	State	Zip Code	M	D	Y		Amount
Dublin	O | H	43016	10	20	11		50.00
Full Name of Contributor						Registration Number, if PAC	
Hamilton and Margaret Teaford							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
91 E. Deshler Ave.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43206	10	20	11		100.00
Full Name of Contributor						Registration Number, if PAC	
Marye Argetes							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
936 W. Robb Ave.							Check
City	State	Zip Code	M	D	Y		Amount
Lima	O | H	45801	10	20	11		20.00
Full Name of Contributor						Registration Number, if PAC	
Daniel Stewart							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
363 Demorest Rd.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43204	10	20	11		50.00
Full Name of Contributor						Registration Number, if PAC	
Joseph Ryan							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2233 W. Broad St.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43223	10	20	11		40.00
Full Name of Contributor						Registration Number, if PAC	
Robert Weiler							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
41 S. High St.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43215	10	20	11		40.00

* 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 $ 390.00