

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 Andy Ginther				Registration Number, if PAC	
Street Address 1480 Dublin Rd.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 60.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Cash	
Full Name of Contributor Katie Radford				Registration Number, if PAC	
Street Address 958 Linwood Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Cash	
Full Name of Contributor Ellen Moore				Registration Number, if PAC	
Street Address 4745-B Middletowne St.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor E. Renee Derthick				Registration Number, if PAC	
Street Address 1855 SW Springfield Ct.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 100.00
City Palm City	State F L	Zip Code 34990		Form(Cash,Check,etc) Check	
Full Name of Contributor Maude Hill				Registration Number, if PAC	
Street Address 12171 Derby Court NW		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Pickerington	State O H	Zip Code 43147		Form(Cash,Check,etc) Check	
Full Name of Contributor David Slack				Registration Number, if PAC	
Street Address 429 Townsend Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 45.00
City Columbus	State O H	Zip Code 43223		Form(Cash,Check,etc) Check	
Full Name of Contributor Russell Goodwin				Registration Number, if PAC	
Street Address 103 E. First Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43201		Form(Cash,Check,etc) Check	

* 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

Total expenditures this event

Page Total \$ 405.00