

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Joyce A. Leeth					Registration Number, if PAC		
Street Address 244 Barcelona Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43081	M 1	D 0	Y 2	Amount 100.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
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City	State		Zip Code	M	D	Y	Amount
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City	State		Zip Code	M	D	Y	Amount
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City	State		Zip Code	M	D	Y	Amount
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City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount

* 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 \$ 100.00