

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR TOM BAKER									
Full Name of Contributor Steven Mills							Registration Number, if PAC		
Street Address 4899 Brixston Drive				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M D Y 0 3 2 8 1 7		Amount \$100.00	
Full Name of Contributor Charles R. Blasdelii							Registration Number, if PAC		
Street Address 218 Canterbury Ct.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbiana		State OH		Zip Code 44408		M D Y 0 3 2 8 1 7		Amount \$100.00	
Full Name of Contributor Peter C. Baum / Lorraine A. Baum							Registration Number, if PAC		
Street Address 5372 Hessler Circle				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M D Y 0 3 1 7 1 7		Amount \$100.00	
Full Name of Contributor Doug D. or Lisa M. Dockus							Registration Number, if PAC		
Street Address 3393 Woodlake Court				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Loveland		State OH		Zip Code 45140		M D Y 0 3 2 5 1 7		Amount \$100.00	
Full Name of Contributor Lardiere McNair, LLC							Registration Number, if PAC		
Street Address 3956 Brown Park Drive, Suite B				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M D Y 0 3 2 0 1 7		Amount \$150.00	
Full Name of Contributor William K. Emery / Susan K. Emery							Registration Number, if PAC		
Street Address 4396 Dublin Road				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M D Y 0 3 2 9 1 7		Amount \$200.00	
Full Name of Contributor Cylinda L. Brandts / Mark G. Brandts							Registration Number, if PAC		
Street Address 4907 Brixston Drive				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M D Y 0 3 2 9 1 7		Amount \$200.00	
Full Name of Contributor Larry J. Earman / Linda L. Earman							Registration Number, if PAC		
Street Address 4369 Shire Creek Ct				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M D Y 0 3 1 9 1 7		Amount \$200.00	

* 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 also appear. [R.C. 3517.10(B)(4)]