## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Tail									
Name of Committee in Full									
Baker for the Board	· · · · · · · · · · · · · · · · · · ·			Degistrat	ion Mumb	er, if PA	<u>~</u>		
Full Name of Contributor	•			Registrat	ion rumi	, n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Gary Baker	· · · · · · · · · · · · · · · · · · ·			<u> </u>			Form (Cash, Che	ols ata	
Street Address	Employer/	Occupa	tion/Labor Organization*				,	ck, cic.)	
2142 Staghorn Way			T-11 - 1			37	Check		
City	Stat		Zip Code	M	D	Y	Amount	200.00	
Grove City	0	H	43123	04	1 8	0 7		200.00	
Full Name of Contributor				Registrat	ion Numi	ber, if PA	C		
Renee Derthick									
Street Address	Employer/	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
1855 SW Springfield Dr.							Check		
City	Stat	te	Zip Code	M	D	Y	Amount		
Palm City	F	L	34990	0   4		0 7		300.00	
Full Name of Contributor						ber, if PA	С		
Huntington PAC	1				C00165589				
Street Address	Employer/Occupation/Labor Organization*							ck, etc.)	
41 S. High St. HBI PAC							Check		
City	Star	te	Zip Code	М	D	Y	Amount		
Columbus	0	H	43215	0 5	1 1	0 7		250.00	
Full Name of Contributor					tion Num	ber, if PA	.C		
Clair Cole-Sandel				1					
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1570 Saguaro Trail		_					Check		
City	Sta	te	Zip Code	М	D	Y	Amount		
Farmington	N	M	57401	0 5	1 1	0 7		200.00	
Full Name of Contributor			V , 202			ber, if PA	C		
Sharda Mehta									
Street Address	Employer	/Occup	ation/Labor Organization*			-	Form (Cash, Che	eck, etc.)	
							Check		
3611 Ridgewood Dr.	Sta	ite	Zip Code	М	D	Y	Amount		
City		Н	43026	0 6	2 3	017		5.00	
Hilliard Full Name of Contributor			43020			ber, if PA	C		
1						•			
James A. Johnson Street Address	Employer	-/Occur	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
	Inhiproyer Geoupation 2000 organization						Cash		
1084 Berkeley Rd.	Sta	rto.	Zip Code	М	D	ΤΥ	Amount		
City	0		43206			0 7		25.00	
Columbus	10	11	43200	U   0	tion Nun	iber, if PA	AC.	20.00	
Full Name of Contributor				Registra	HOH IVAH	1001, 11 1 1			
Linda Haley	<u> </u>	·/O			_		Form (Cash, Ch	ack etc.)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
120 Binns Blvd.			Tari a i	1 17	T B	Т 📆	Check		
City	Sta		Zip Code	M	D	Y	Amount	75 00	
Columbus	] 0	H	43204	0 6				75.00	
Full Name of Contributor				Kegistra	mon Nun	ber, if P	40		
Patrick McLean							Tr (C ) C	1	
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1010 Pearl St.							Check		
City		ate	Zip Code	M	D	Y	Amount	400.00	
Ypsilanti	M	l	48197	0 7	1 0	0 7		100.00	

• 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 \$ 1,155.00