

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Tom Baker						
Full Name of Contributor Charles William Buck				Registration Number, if PAC		
Street Address 4814 Canterwood Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 1 3 1 3	Amount \$50.00
Full Name of Contributor Chris Thomas				Registration Number, if PAC		
Street Address 3237 Scioto Run Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 0 4 1 3	Amount \$35.00
Full Name of Contributor Chris Lardiere (Lardiere McNair LLC)				Registration Number, if PAC		
Street Address 3956 Brown Park Dr. Ste B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2 2 1 3	Amount \$50.00
Full Name of Contributor John Davidson (Kyleshill Group)				Registration Number, if PAC		
Street Address 4485 Loos Cir W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 3	Y 2 9 1 3	Amount \$50.00
Full Name of Contributor Marlene Pitt (M & R Interiors)				Registration Number, if PAC		
Street Address 895 Elm Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Heath	State OH	Zip Code 43056	M 0	D 4	Y 0 3 1 3	Amount \$35.00
Full Name of Contributor Shawn McCabe (McCabe Print Works)				Registration Number, if PAC		
Street Address 2910 Scioto Darby Executive Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 0 3 1 3	Amount \$35.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$255.00**