Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Baker for the Board									
Full Name of Contributor				Registr	neina i	V	h :6	DAC	<u> </u>
1				Registi	adon i	NUII	DEI, II	rau	-
William Conrad Street Address	Employee	·/Ossuss	tion/Labor Organization*	_ــــــ				_	Form (Coat, Charle and
	Employer	/Occupa	montabor Organization*						Form (Cash, Check, etc.)
7727 Sudbrook Sq.			la: a :	1	-		1		Check
City	Sta		Zip Code	M	D		Y		Amount
New Albany	101	H	43054	0 4		_	11	_	50.00
Full Name of Contributor				Registr	ation l	Yum	ber, if	PAC	3
Doreen Neuhoff Uhas-Sauer									
Street Address	Employer	Employer/Occupation/Labor Organization*				ı	Form (Cash, Check, etc.)		
2111 Iuka Ave.									Check
City	Sta		Zip Code	М	D		Y		Amount
Columbus	01	H	_43201	014	. 0	9	11	5	100.00
Full Name of Contributor				Registr	ation l	\um	ber, if	PAC	3
E. Renee Derthick				ŀ					
Street Address	Employer	/Оссира	tion/Labor Organization*	-				T	Form (Cash, Check, etc.)
1855 SW Springfield Ct.								1	Check
City	Sta	ite	Zip Code	М	D)	Y	┪	Amount
Palm City	F	L	34990-4505	0 4	1	11	11	5	50.00
Full Name of Contributor				Registr				_	
Mo M. Dioun									
Street Address	Employer	/Occupa	tion/Labor Organization*					Т	Form (Cash, Check, etc.)
6965 Clivdon Mews					- 1	Credit Card			
City	Sta	te	Zip Code	М	D)	ΙΥ	┈╂	Amount
New Albany		H	43054	0 4	I .		1		100.00
Full Name of Contributor	10		10001	Registr		_		_	
Dan Martin							·, ··		•
Street Address	Employer	/Occuma	tion/Labor Organization*					_	Form (Cash, Check, etc.)
5632 Hatton Ct.	2	, фооцра	adia Labor Organization					ľ	Cash
City	Sta	10	Zip Code	М	D		Y	}	Amount
Hilliard	loï	Н	43026	014				- 1	
Full Name of Contributor	101	1.1	45020	U 4	_		1	_	100.00
				Kegisii	auon r	чшп	uei, ii	FAC	•
Dave Dobos Street Address	Ir1	·O	dia-πata- Oi-dia-			_			Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*								
8311 Green Meadows Dr. North			[z: c-1.	1 7	1 5			4	Cash
City	Sta		Zip Code	M	D		Y		Amount
Lewis Center	[0]	Н	43035	0 4	_	_	<u> </u>	5	50.00
Full Name of Contributor				Registra	ation N	lum	ber, if	PAC	;
Street Address	Employer	/Occupa	tion/Labor Organization*					ŀ	Form (Cash, Check, etc.)
								_	
City	Sta	te	Zip Code	M	D		Y	ŀ	Amount
				ļį					
Full Name of Contributor				Registra	ation N	lum!	ber, if	PAC	;
<u></u>									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
City	Sta	te	Zip Code	М	D		Y	1	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 \$	450.00