Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Baker for the Board								
Full Name of Contributor					Registration Number, if PAC			
Aman Patel								
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Chec	k. etc.)
4521 Seminole Ave.							Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Grove City	0	Н	43123	111	0 1	111		25.00
Full Name of Contributor Registration Number, if PAC								
Michael Shawn Dingus								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)
8177 Linden Leaf Circle					Check			
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		Η	43235	1:1	0:1	1.1		150.00
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·		_	ber, if PA	C	
Friends of Ramona Reyes								
Street Address	Employe	г/Оссира	tion/Labor Organization*	·			Form (Cash, Chec	k, etc.)
1628 Francisco Rd.					Check			
City	St	ate	Zip Code	Тм	D	Y	Amount	
Columbus		Н	43220	$ _{1 1}$	01	1 1 1		50.00
Full Name of Contributor	1 9		10220			ber, if PA	C.	30.00
Lawrence and Deborah Goldbach				•		,		
Street Address	Employe	r/Occuna	tion/Labor Organization*	Ь			Form (Cash, Chec	k etc.)
204 E. Stafford Ave.	Employer occupation reador organization						Check	
City		ate	Zip Code	M	D	Y	Amount	
•	1 _	Н	43085	1 .	I .	l .	Amount	25.00
Worthington Full Name of Contributor	0	11	43063	1 1	0 1	1 1 1	<u> </u>	25.00
Klein Committee	In a	10	2 a L O 1 2 4	1			D (0) 0	
Street Address	Employe	tion/Labor Organization*				Form (Cash, Check, etc.)		
545 E. Town St.			lar o i	T	1		Check	
City	I _	ate 	Zíp Code	M	D	Y	Amount	#0.00
Columbus	10	H	43215	1 1	111	1 1		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C .	
Michael Silberstein								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1093 Fountain Lane Apt. D.							Check	
City	St		Zíp Code	М	D	Y	Amount	
Columbus		H	43213	111	0 1	1 1		25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Joshua and Amy Hewitt								
Street Address	Employer/Occupation/Labor Organization*						Fonn (Cash, Chec	k, etc.)
1317 Burnham Dr.							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	10	H	43228	111	0 1	1 1		40.00
Full Name of Contributor Registration Number, if PAC								
Michael and Caroline Stinziano								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k. etc.)	
1128 Highland St.						Check		
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		H	43201	111	1	1:1		<i>7</i> 5.00
Columbus			3040 I	1111	1011	1 1 1		70.00

* 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 \$ 440.00