

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			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Angela J. Zeigler				Registration Number, if PAC			
Street Address 5278 Heathmoor St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 1	D 0 6	Y 0 7	Amount 65.00	
Full Name of Contributor Brooks for Commissioner				Registration Number, if PAC			
Street Address 3886 N. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 3 1	Y 0 7	Amount 70.00	
Full Name of Contributor Kevin L. Boyce for Columbus City Council Committee				Registration Number, if PAC			
Street Address 250 West. St., Suite 700		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 3 1	Y 0 7	Amount 100.00	
Full Name of Contributor Gretchen E. Helms				Registration Number, if PAC			
Street Address 5887 Parliament Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 1 0	D 3 1	Y 0 7	Amount 25.00	
Full Name of Contributor David A. Dobos				Registration Number, if PAC			
Street Address 8227 Glencree Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1 0	D 3 1	Y 0 7	Amount 150.00	
Full Name of Contributor Priscilla D. Mead				Registration Number, if PAC			
Street Address 2281 Brixton Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 7	Y 0 7	Amount 35.00	
Full Name of Contributor Ray Prendeville				Registration Number, if PAC			
Street Address 74 E. Kanawha Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43214	M 1 0	D 3 1	Y 0 7	Amount 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)]