

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board			
Full Name of Contributor Gerald F. Ocock		Registration Number, if PAC	
Street Address 5842 Alkire Rd.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 1 4 0 7	Amount 50.00
City Columbus	State Zip Code O H 43119	Form(Cash, Check, etc) Check	
Full Name of Contributor Cindy Windsor		Registration Number, if PAC	
Street Address 977 Neil Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 1 6 0 7	Amount 25.00
City Columbus	State Zip Code O H 43201	Form(Cash, Check, etc) Check	
Full Name of Contributor Justin Boggs		Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 1 6 0 7	Amount 25.00
City Columbus	State Zip Code O H 43204	Form(Cash, Check, etc) Check	
Full Name of Contributor Michael D. Cole		Registration Number, if PAC	
Street Address 350 S. Huron Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 1 4 0 7	Amount 25.00
City Columbus	State Zip Code O H 43204	Form(Cash, Check, etc) Check	
Full Name of Contributor Lisa Boggs		Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 1 4 0 7	Amount 50.00
City Columbus	State Zip Code O H 43204	Form(Cash, Check, etc) Check	
Full Name of Contributor Shirley R. Sloan		Registration Number, if PAC	
Street Address 6471 Middleshire St.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 1 4 0 7	Amount 25.00
City Columbus	State Zip Code O H 43229	Form(Cash, Check, etc) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State Zip Code	Form(Cash, Check, etc)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

200.00

Total expenditures this event

0.00

Page Total \$ 200.00