

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Tom Baker									
Full Name of Contributor Michele M. Baker						Registration Number, if PAC			
Street Address 8708 Wince Rd NE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Newark		State OH		Zip Code 43055		M 0 D 4 Y 0		Amount \$200.00	
Full Name of Contributor Sheree E. Cohen						Registration Number, if PAC			
Street Address 5603 Pleasant Hill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 0 D 4 Y 0		Amount \$50.00	
Full Name of Contributor Gail Mackenzie						Registration Number, if PAC			
Street Address 4642 Bridle Path Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH		Zip Code 43017		M 0 D 4 Y 0		Amount \$50.00	
Full Name of Contributor Carolyn Dietrich						Registration Number, if PAC			
Street Address 4885 Brixston Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 0 D 4 Y 0		Amount \$35.00	
Full Name of Contributor Daniel M. OBrien						Registration Number, if PAC			
Street Address 1173 McCleary Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M 0 D 3 Y 2		Amount \$50.00	
Full Name of Contributor Steven R. Mills						Registration Number, if PAC			
Street Address 4899 Brixston Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 0 D 4 Y 1		Amount \$50.00	
Full Name of Contributor David S. Meeks						Registration Number, if PAC			
Street Address 5520 Kinvarra Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH		Zip Code 43016		M 0 D 4 Y 0		Amount \$50.00	
Full Name of Contributor Mindy S. Watkins						Registration Number, if PAC			
Street Address 3984 Main St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 0 D 3 Y 2		Amount \$50.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$535.00**