

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 Melonie Buller				Registration Number, if PAC	
Street Address 1116 Baumock Burn Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43235	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Ian B. MacConnell				Registration Number, if PAC	
Street Address 238 E. Patterson Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43202	Form(Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Carl C. Kipp, III				Registration Number, if PAC	
Street Address 179 E. Tompkins St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43202	Form(Cash, Check, etc) Check		Amount 40.00
Full Name of Contributor Michael D. Cole				Registration Number, if PAC	
Street Address 350 S. Huron Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43204	Form(Cash, Check, etc) Check		Amount 35.00
Full Name of Contributor Jimmy J. Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43204	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Joyce Leeth				Registration Number, if PAC	
Street Address 244 Barcelona Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43081	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Michelle Sutton				Registration Number, if PAC	
Street Address 570 Nashoba Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 31
City Columbus	State O	Zip Code H 43223	Form(Cash, Check, etc) Check		Amount 25.00

* 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)]

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

Total expenditures this event

Page Total \$ 425.00