

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 Mark Easterling			Registration Number, if PAC	
Street Address 424 Forestwood Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 30.00
City Columbus	State O H	Zip Code 43230	Form(Cash,Check,etc) Cash	
Full Name of Contributor Contributors of \$25 or Less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 130.00
City	State O H	Zip Code	Form(Cash,Check,etc) Cash	
Full Name of Contributor Angela Zeigler			Registration Number, if PAC	
Street Address 5278 Heathmoor St.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 35.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew Basista			Registration Number, if PAC	
Street Address 5278 Heathmoor St.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor David Horn			Registration Number, if PAC	
Street Address 105 S. Brinker Ave.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 70.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor David Dobos			Registration Number, if PAC	
Street Address 8227 Glencree Pl.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 70.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Maude Hill			Registration Number, if PAC	
Street Address 12171 Derby Ct. NW	Employer/Occupation/Labor Organization*		M D Y 1 0 0 6 0 7	Amount 25.00
City Pickerington	State O H	Zip Code 43147	Form(Cash,Check,etc) Check	

* 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 \$ 410.00