

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 Mona L. Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.		Employer/Occupation/Labor Organization*		M D Y 1 0 6	Amount 20.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Linda S. Haley				Registration Number, if PAC	
Street Address 120 Binns Blvd.		Employer/Occupation/Labor Organization*		M D Y 1 0 6	Amount 75.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Daryl P. Hennessy				Registration Number, if PAC	
Street Address 2965 Palmetto St.		Employer/Occupation/Labor Organization*		M D Y 1 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43204		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)	
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)	
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)	
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

605.00

Total expenditures this event

400.00

Page Total \$ 195.00