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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Baker for the Board								
Full Name of Contributor			Registra	tion Num	ber, if PA	Č		
Canada Adduses	Employer/Occur	nation/Labor Organization*				Form (Cash, Cl	heck etc)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Join (Casil, Cl	noon, etc.)	
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Num	ber, if PA	VC		
Angela J. Zeigler			- 1					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
5278 Heathmoor St.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43235	1 1	0 6	0 7		65.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	VC.		
Brooks for Commissioner								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3886 N. High St.			1	T =	T	Check		
City	State	Zip Code	M	D	Y	Amount	70.00	
Columbus	O H	43214	1 0		0 7		70.00	
Full Name of Contributor	7'' ('1 (•••	Registra	ation Nun	iber, if PA	AC		
Kevin L. Boyce for Columbus C						r (0.1.0		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
250 West. St., Suite 700	Ctata	Zip Code	LM	TN	T v	Check		
Columbra	State O H	1 ⁻	1 0	$\begin{vmatrix} D \\ 3 \end{vmatrix} 1$	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 7$	Amount	100.00	
Columbus Full Name of Contributor	0 11	43213		ation Nun		A.C.	100.00	
Gretchen E. Helms			Registra	atton tvun	1061, 11 1 7	10		
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash C	heck etc.)	
5887 Parliament Dr.	Employen	ipation/Davor Organization				Check	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	ΤΥ	Amount		
Columbus	ОН	I *		$\begin{vmatrix} 1 \\ 3 \end{vmatrix} 1$	1		25.00	
Full Name of Contributor		10210		ation Nun			20.00	
David A. Dobos					,			
Street Address	Employer/Occi	apation/Labor Organization*				Form (Cash, C	Check, etc.)	
8227 Glencree Pl.	' '					Check	, ,	
City	State	Zip Code	М	D	Y	Amount		
Dublin	ОН	43016	1 0	3 1	0 7		150.00	
Full Name of Contributor				ation Nun				
Priscilla D. Mead								
Street Address	Employer/Occi	upation/Labor Organization*	-			Form (Cash, C	heck, etc.)	
2281 Brixton Rd.								
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43221	1 0	2 7	0 7		35.00	
Full Name of Contributor	<u> </u>	- " "		ation Nun		AC		
Ray Prendeville								
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	check, etc.)	
74 E. Kanawha Ave.						Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43214	1 0	3 1	0 7		100.00	

* 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)]

Page Total \$_	545.00