

Event Date 06/16/07

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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				Registration Number, if PAC	
Full Name of Contributor Gerald F. Ocock				Registration Number, if PAC	
Street Address 5842 Alkire Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43119	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Cindy Windsor				Registration Number, if PAC	
Street Address 977 Neil Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43201	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Justin Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43204	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Michael D. Cole				Registration Number, if PAC	
Street Address 350 S. Huron Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43204	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Lisa Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43204	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Shirley R. Sloan				Registration Number, if PAC	
Street Address 6471 Middleshire St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43229	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount

* 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

200.00

Total expenditures this event

0.00

Page Total \$ **200.00**