## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full  Baker for the Board						
Full Name of Contributor	-		Dagina	olan Mu	ber, if PA	<u> </u>
Total contributions from form 31-A			Kegisua	MON NON	uci, u ra	·C
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
						(,
City	State	Zip Code	М	D,	Y	Amount
Full Name of Contributor		1	016		0   7 ber, if PA	1,175.00
Total contributions from form 31-A			Kegisua	шон ман	oei, ii rA	i.C
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
						· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	М	D	Y	Amount
	1		0 6	1 6	017	200.00
Full Name of Contributor			Registra	uion Num	ber, if PA	c
Total contributions from form 31-A						
Street Address	Employer/Occur	Form (Cash, Check, etc.)			Form (Cash, Check, etc.)	
City	State	Zip Code	Тм	l D	ΙΥ	Amount
eny	Julie	Zip Code	1 .	310	017	625.00
Full Name of Contributor		1			ber, if PA	
Total contributions from form 31-A			1		,	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
				31	017	475.00
Full Name of Contributor			Registra	ttion Num	ber, if PA	.C
Total contributions from form 31-A	<u> </u>					<u> </u>
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1	Lap code	I .	2 6		235.00
Full Name of Contributor	<del></del>	<del></del>			ber, if PA	
Total contributions from form 31-A						
Street Address	Employer/Occup				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
					017	
Full Name of Contributor			Registra	ation Num	ber, if PA	.C
Angela Zeigler	TE 1 10	pation/Labor Organization*				Town (Coals Charles and
Street Address	Employer/Occup				Form (Cash, Check, etc.)	
5278 Heathmoor St.	State	Zip Code	М	D	ΙΥ	Check Amount
Columbus	OH	43235	013	Ι.	017	
Full Name of Contributor	101	10200			ber, if PA	
Joseph Decker						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2904 Crescent Dr.						Check
City	State	Zip Code	М	D,_	Y	Amount
Columbus	OIH	43204	10 3	11 7	0 7	40.00

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 \$ 3,555.00