

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Steven E. Votaw					Registration Number, if PAC		
Street Address 4720 Plain City Georgesville Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Plain City	State O H	Zip Code 43064	M 0 8	D 3 1	Y 1 5	Amount 50.00	
Full Name of Contributor Mark Gillis					Registration Number, if PAC		
Street Address 6400 Riverside Dr., Suite D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 8	D 3 1	Y 1 5	Amount 500.00	
Full Name of Contributor Betty M. Drummond					Registration Number, if PAC		
Street Address 5742 Jardin Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 7	D 3 0	Y 1 5	Amount 50.00	
Full Name of Contributor Citizens for Lori Tyack					Registration Number, if PAC		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 9	Y 1 5	Amount 50.00	
Full Name of Contributor Bryan Steward					Registration Number, if PAC		
Street Address 33 N. High St., Suite 702		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 6	Y 1 5	Amount 50.00	
Full Name of Contributor William G. Tankovich					Registration Number, if PAC		
Street Address 4217 Eagle Head Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 6	D 2 6	Y 1 5	Amount 250.00	
Full Name of Contributor Robert E. Chilton					Registration Number, if PAC		
Street Address 1003 Cloverly Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 6	D 2 6	Y 1 5	Amount 25.00	
Full Name of Contributor Michale D. Cole					Registration Number, if PAC		
Street Address 350 S. Huron St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0 6	D 2 6	Y 1 5	Amount 20.00	

* 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)]