

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Renee Derthick					Registration Number, if PAC		
Street Address 1855 SW Springfield Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Palm City	State F	Zip Code L 34990	M 1	D 2	Y 0	Amount 50.00	
Full Name of Contributor Sherman and Sara Fleming					Registration Number, if PAC		
Street Address 2805 Wapak Ave. #92		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sidney	State O	Zip Code H 45365	M 1	D 2	Y 0	Amount 25.00	
Full Name of Contributor Alan Jones					Registration Number, if PAC		
Street Address 206 W. Beechwood Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 1	D 2	Y 0	Amount 25.00	
Full Name of Contributor Jeffrey Powers					Registration Number, if PAC		
Street Address 3327 Mansion Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43221	M 1	D 2	Y 0	Amount 25.00	
Full Name of Contributor Joyce Leeth					Registration Number, if PAC		
Street Address 244 Barelona Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O	Zip Code H 43081	M 1	D 2	Y 0	Amount 100.00	
Full Name of Contributor Laura Comek					Registration Number, if PAC		
Street Address 500 S. Front St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	Zip Code H 43215	M 1	D 2	Y 0	Amount 200.00	
Full Name of Contributor Michael Sexton					Registration Number, if PAC		
Street Address 984 Highland St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43201	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Suzanne Hatch					Registration Number, if PAC		
Street Address 4189 Rowanne Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 1	D 0	Y 2	Amount 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 \$ 575.00