

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Ginger Baker					Registration Number, if PAC		
Street Address 3024 Cooper Bluff Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231	M 1 1	D 0 1	Y 1 1	Amount 75.00	
Full Name of Contributor Robert and Shirley Crosby					Registration Number, if PAC		
Street Address 1250 Thurell Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 1 1	D 0 1	Y 1 1	Amount 25.00	
Full Name of Contributor Gerald Ocock					Registration Number, if PAC		
Street Address 5842 Alkire Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galloway	State O H	Zip Code 43119	M 1 1	D 0 1	Y 1 1	Amount 20.00	
Full Name of Contributor Partick McLean					Registration Number, if PAC		
Street Address 1010 Pearl St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Ypsilanti	State M I	Zip Code 48197	M 1 1	D 0 1	Y 1 1	Amount 100.00	
Full Name of Contributor David and Veretta Dennis					Registration Number, if PAC		
Street Address 112 Chaucer Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 1	D 0 1	Y 1 1	Amount 50.00	
Full Name of Contributor Citizens for Priscilla Tyson					Registration Number, if PAC		
Street Address 1465 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 46502	M 1 2	D 0 9	Y 1 1	Amount 200.00	
Full Name of Contributor Ralph and Carol Stewart					Registration Number, if PAC		
Street Address 192 S. Princeton Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 1 2	D 0 9	Y 1 1	Amount 25.00	
Full Name of Contributor Richard and 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 FL 	Zip Code 34990	M 1 2	D 0 9	Y 1 1	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 \$ 595.00