

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Baker									
Full Name of Contributor IBEW PAC VOLUNTARY FUND							Registration Number, if PAC		
Street Address 900 Seventh Street N.W				Employer/Occupation/Labor Organization* Labor Organization				Form (Cash, Check, etc.) Check	
City Washington D.C		State OH		Zip Code 20001		M 0		D 3	
						Y 2		Amount \$500.00	
Full Name of Contributor Latasha Baker							Registration Number, if PAC		
Street Address 1101 Bergenia Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 3	
						Y 1		Amount \$100.00	
Full Name of Contributor William A. Anthony							Registration Number, if PAC		
Street Address 183 S Sunbury Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Westerville		State OH		Zip Code 43081		M 0		D 3	
						Y 1		Amount \$100.00	
Full Name of Contributor Douglas Henry							Registration Number, if PAC		
Street Address 6897 Spring Bloom Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Canal Winchester		State OH		Zip Code 43110		M 0		D 3	
						Y 1		Amount \$300.00	
Full Name of Contributor Tracy Pearson							Registration Number, if PAC		
Street Address 6584 Breed Ct				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 3	
						Y 1		Amount \$60.00	
Full Name of Contributor Kristian Bryant							Registration Number, if PAC		
Street Address 538 East Rich Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 3	
						Y 1		Amount \$150.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		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 also appear. [R.C. 3517.10(B)(4)]