

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board					
Full Name of Contributor Caren J. Zaft				Registration Number, if PAC	
Street Address 836 Thurber Dr. West, Apt. 1		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State O	Zip Code 43215	Y 2	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Keena Smith					
Street Address 1638 Minturn Dr.		Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany		State O	Zip Code 43054	Y 2	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Friends of Ginther					
Street Address 405 E. Town St.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State O	Zip Code 43215	Y 2	Amount 100.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Balson					
Street Address 4529 Braithway St.		Employer/Occupation/Labor Organization*		M 1	D 0
City Hilliard		State O	Zip Code 43026	Y 2	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey N. Wise					
Street Address 2959 Crescent Dr.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State O	Zip Code 43204	Y 2	Amount 20.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

195.00

Total expenditures this event

300.00

Page Total \$ 195.00