

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Mariann Futtv						Registration Number, if PAC	
Street Address 106 Binns Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0	D 3	Y 1	Amount 40.00	
Full Name of Contributor Mary Rinaldi						Registration Number, if PAC	
Street Address 231 Barcelona Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43081	M 0	D 3	Y 1	Amount 200.00	
Full Name of Contributor David Horn						Registration Number, if PAC	
Street Address 105 S. Brinker Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0	D 3	Y 1	Amount 200.00	
Full Name of Contributor Karen Whitman						Registration Number, if PAC	
Street Address 2467 Eakin Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor David Slack						Registration Number, if PAC	
Street Address 429 Townsend Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43223	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Joyce Leeth						Registration Number, if PAC	
Street Address 244 Barcelona Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43081	M 0	D 3	Y 1	Amount 200.00	
Full Name of Contributor Daryl Hennessy						Registration Number, if PAC	
Street Address 2965 Palmetto St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0	D 3	Y 1	Amount 200.00	
Full Name of Contributor David Dobos						Registration Number, if PAC	
Street Address 2911 Crescent Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0	D 3	Y 2	Amount 200.00	

* 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 \$ 1,240.00