Statement of Contributions Received

Prescribed by Secretary of State 3/05

					_	
Name of Committee in Full						
Baker for the Board			In in		L 'CD4	
Full Name of Contributor			Kegistra	ilion Num	ber, if PA	C
William Conrad	Ir					F (C) (F)
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)
7727 Sudbrook Sq.	1	la: o i	1 \ 1	T =	T	Check
City Nov. Albony	State O H	Zip Code 43054	M	019	^Y 1 5	Amount
New Albany Full Name of Contributor	1011	43034	0 4		ber, if PA	50.00
Doreen Neuhoff Uhas-Sauer			Registra	mon ram	uci, ii FA	L
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
2111 Iuka Ave.					Check	
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43201	014	019	115	100.00
Full Name of Contributor					ber, if PA	
E. Renee Derthick						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1855 SW Springfield Ct.						Check
City	State	Zip Code	M	D	Y	Amount
Palm City	FIL	34990-4505	0 4	1 1	115	50.00
Full Name of Contributor	•		Registra	tion Num	ber, if PA	С
Mo M. Dioun						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
6965 Clivdon Mews					Credit Card	
City	State	Zip Code	M	D	Y	Amount
New Albany	O H	43054	0 4	111	1 5	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Dan Martin	,					
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
5632 Hatton Ct.		T	_, _			Cash
City	State	Zip Code	M	D	Y . 1 -	Amount
Hilliard	O H	<u>4</u> 3026	0 4		1 5	100.00
Full Name of Contributor Registration Number, if PAC						
Dave Dobos						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
8311 Green Meadows Dr. North		la: a :	-r			Cash
Ciry	State	Zip Code	M	D	Y	Amount
Lewis Center	OH	43035	0 4		1 5	50.00
Full Name of Contributor		Registration Number, if PAC				
Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occi				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
			17	Ĭ		
Full Name of Contributor Registration Number, if PA						C
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
						<u> </u>
City	State	Zip Code	М	D	Y	Amount
			1			

Page Total \$ 450.00

^{*} 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)]