

FILED

Ohio Campaign Finance Report

DEC 14 PM 1:37
FRANKLIN COUNTY
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee Baker for the Board						Registration Number, if PAC				
Full Name of Candidate Gary Baker										
Street Address P.O. Box 12362						Office Sought Board of Education		District Columbus		
City Columbus						State O H	Zip Code 43212			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X	Post-General	Annual Year	
	July Monthly		August Monthly		September Monthly			Termination	Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1	D 0 6	Y 0 7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	6,181.55
2. Total monetary contributions (From Form No. 31-A)	\$	2,300.00
3. Total other income (From Form No. 31-A-2)	\$	2,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	10,481.55
5. Total monetary expenditures (From Form No. 31-B)	\$	10,213.37
6. Balance on hand (line 4 minus line 5)	\$	268.18
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	7,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Angela J. Zeigler
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

12/14/07
Date

Contribution pages 4

Expenditure pages 2

Other pages 4

Total pages 10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Columbus Franklin County AFL CIO PCE					Registration Number, if PAC		
Street Address 1545 Alum Creek Dr. 2nd Fl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Ohio AFL-CIO PCE					Registration Number, if PAC		
Street Address 395 E. Broad St. Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 250.00	
Full Name of Contributor Danielle Weber					Registration Number, if PAC		
Street Address 809 S. Burgess Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Bailene Buckner					Registration Number, if PAC		
Street Address 447 Demorest Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1	D 0	Y 1	Amount 40.00	
Full Name of Contributor E. 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 F L	Zip Code 34990	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Dewey Stokes, Committee for Dewey Stokes					Registration Number, if PAC		
Street Address 750 Willow Bend Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Robert W. Coles					Registration Number, if PAC		
Street Address 5550 Knollwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Fred Tompkins					Registration Number, if PAC		
Street Address 423 Clarendon Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 1	D 0	Y 1	Amount 50.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Lawrence D. Goldbach					Registration Number, if PAC		
Street Address 204 E. Stafford Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43085	M 1	D 0	Y 18	Amount 100.00
Full Name of Contributor James W. Strecker					Registration Number, if PAC		
Street Address 1306 Bronwyn Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43204	M 1	D 0	Y 18	Amount 35.00
Full Name of Contributor Betty Horton					Registration Number, if PAC		
Street Address 1255 Algonquin Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus		State O H	Zip Code 43204	M 1	D 0	Y 18	Amount 25.00
Full Name of Contributor Cynthia A. Wolke					Registration Number, if PAC		
Street Address 12297 S.R. 8			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Ottawa		State O H	Zip Code 45875	M 1	D 0	Y 23	Amount 50.00
Full Name of Contributor Carol Perkins					Registration Number, if PAC		
Street Address 1580 Melrose Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43224	M 1	D 0	Y 27	Amount 100.00
Full Name of Contributor Margaret Chase					Registration Number, if PAC		
Street Address 745 Roys Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43204	M 1	D 0	Y 27	Amount 10.00
Full Name of Contributor Patrick A. 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	D 0	Y 29	Amount 100.00
Full Name of Contributor Charleta Tavares					Registration Number, if PAC		
Street Address 1237 Medford Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43209	M 1	D 0	Y 29	Amount 150.00

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Statement of Contributions Received

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Name of Committee in Full Baker for the Board						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Angela J. Zeigler						
Street Address 5278 Heathmoor St.				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43235	1 1	0 6	0 7	65.00
Full Name of Contributor Brooks for Commissioner						
Street Address 3886 N. High St.				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43214	1 0	3 1	0 7	70.00
Full Name of Contributor Kevin L. Boyce for Columbus City Council Committee						
Street Address 250 West. St., Suite 700				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43215	1 0	3 1	0 7	100.00
Full Name of Contributor Gretchen E. Helms						
Street Address 5887 Parliament Dr.				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43213	1 0	3 1	0 7	25.00
Full Name of Contributor David A. Dobos						
Street Address 8227 Glencree Pl.				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount
Dublin	O H	43016	1 0	3 1	0 7	150.00
Full Name of Contributor Priscilla D. Mead						
Street Address 2281 Brixton Rd.				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43221	1 0	2 7	0 7	35.00
Full Name of Contributor Ray Prendeville						
Street Address 74 E. Kanawha Ave.				Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43214	1 0	3 1	0 7	100.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Doreen Neuhoff Uhas-Sauer					Registration Number, if PAC		
Street Address 2111 Iuka Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43201	M 1	D 1	Y 15	Amount 100.00	
Full Name of Contributor Dan Stewart for State Representative					Registration Number, if PAC		
Street Address 947 Goodale Blvd., Suite 201			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 1	D 1	Y 15	Amount 50.00	
Full Name of Contributor Marilyn E. Zimmerman					Registration Number, if PAC		
Street Address 275 Whitethorne Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43223	M 1	D 1	Y 15	Amount 50.00	
Full Name of Contributor Norman F. Russell					Registration Number, if PAC		
Street Address 2235 Holt Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 1	Y 15	Amount 25.00	
Full Name of Contributor Total contributions from form 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 195.00	
			1	0	20		
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	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	Zip Code	M	D	Y	Amount	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Baker for the Board												
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						1	0	2	9	0	7	4,000.00
Address 271 E. State St.				Purpose Campaign Mailers								
City Coumbus		State O	H	Zip Code 43215		Check Number 1008						
To Whom Paid U.S. Postal Service						M	D	Y	Amount			
						1	0	3	1	0	7	35.00
Address 1391 Grandview Ave.				Purpose P.O. Box Rental								
City Coumbus		State O	H	Zip Code 43212		Check Number 1009						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						1	0	3	1	0	7	3,083.33
Address 271 E. State St.				Purpose Campaign Mailers								
City Columbus		State O	H	Zip Code 43215		Check Number 1010						
To Whom Paid Gary Baker						M	D	Y	Amount			
						1	1	1	2	0	7	383.60
Address 2142 Staghorn Way				Purpose Reimbursement for Columbus Messanger Ad								
City Columbus		State O	H	Zip Code 43204		Check Number 1011						
To Whom Paid Gary Baker						M	D	Y	Amount			
						1	1	1	2	0	7	234.85
Address 2142 Staghorn Way				Purpose Reimbursement for stickers - Graphic T's Inc.								
City Columbus		State O	H	Zip Code 43204		Check Number 1012						
To Whom Paid Gary Baker						M	D	Y	Amount			
						1	1	1	2	0	7	273.81
Address 2142 Staghorn Way				Purpose Reimbursement for T-Shirts - Graphic T's Inc.								
City Columbus		State O	H	Zip Code 43204		Check Number 1013						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						1	0	2	6	0	7	1,802.64
Address 271 E. State St.				Purpose Campaign Mailers								
City Columbus		State O	H	Zip Code 43215		Check Number 1006						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	1	1	5	0	7	0.14
Address P.O. Box 1558				Purpose Bank service fee								
City Columbus		State O	H	Zip Code 43216		Check Number none						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Baker for the Board												
To Whom Paid Total Expenditures from form 31-F						M	D	Y	Amount			
						1	0	2	0	0	7	300.00
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid Greater Hilltop League for the Arts (GHALA)						M	D	Y	Amount			
						0	6	2	7	0	7	100.00
Address				Purpose Pinnacle Ad								
City		State		Zip Code		Check Number 0107						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
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	D	Y	Amount
				1	0	2107	25.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Keena Smith				Registration Number, if PAC			
Street Address 1638 Minturn Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2107	25.00
City New Albany	State OH	Zip Code 43054		Form(Cash,Check,etc) Check			
Full Name of Contributor Friends of Ginther				Registration Number, if PAC			
Street Address 405 E. Town St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2107	100.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Mark Balson				Registration Number, if PAC			
Street Address 4529 Braithway St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2107	25.00
City Hilliard	State OH	Zip Code 43026		Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffrey N. Wise				Registration Number, if PAC			
Street Address 2959 Crescent Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2107	20.00
City Columbus	State OH	Zip Code 43204		Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

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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

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Baker for the Board											
To Whom Paid Encore Ensembles					M	D	Y	Amount			
					1	0	2	6	0	7	300.00
Address 65 St. Rte. 56 SW				Purpose Musical entertainment for event							
City London		State O	H	Zip Code 43140		Check Number 1007					
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City		State	H	Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City		State	H	Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Baker for the Board							
Full Name Loan Transfer from form 31-C				Registration Number, if PAC			
Address		Type* L N		M	D	Y	Amount
				1	0	3	0
				0	0	0	7
							2,000.00
City			State	Zip Code		Form(Cash,Check,etc) Check	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address				Type*		Registration Number, if PAC	
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Baker for the Board												
From Whom Received Gary Baker							Prior Amount 5,000.00		Amt. Incurred this Period 0.00			
Address 2142 Staghorn Way									Outstanding Balance 5,000.00			
City Grove City		State OH	Zip Code 43123		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	6	2	9	0	7	0				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Diane Wendel Baker							Prior Amount 0.00		Amt. Incurred this Period 2,000.00			
Address 2142 Staghorn Way									Outstanding Balance 2,000.00			
City Grove City		State OH	Zip Code 43123		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		1	0	3	0	0	7	2000				
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received							Prior Amount		Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date	Amount		Date	Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 5,000.00
- 2 Total received this period \$ 2,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 7,000.00 (To Form No. 30-A)