

FILED

Ohio Campaign Finance Report

OCT 25 PM 3:31

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

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 on the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly		Termination				
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.

Amount carried forward from last report	\$ 0.00
Amount of contributions (from Form No. 13-A)	\$ 8,945.00
Amount of income (from Form No. 13-B)	\$ 5,000.00
Total funds available (sum of lines 1-3)	\$ 13,945.00
Amount of expenditures (from Form No. 13-B)	\$ 7,763.45
Amount of contributions (from Form No. 13-A)	\$ 622.00
Amount of income (from Form No. 13-B)	\$ 0.00
Total funds available (sum of lines 1-3)	\$ 5,000.00
Amount of contributions (from Form No. 13-A)	\$ 0.00
Amount of income (from Form No. 13-B)	\$ 0.00
Total funds available (sum of lines 1-3)	\$ 0.00
Amount of contributions (from Form No. 13-A)	\$ 0.00
Amount of income (from Form No. 13-B)	\$ 0.00
Total funds available (sum of lines 1-3)	\$ 0.00
Sum of contributions and amount of income during 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, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Angela J. Zeigler
Signature

10/25/07
Date

Contribution pages 21

Expenditure pages 6

Other pages 3

Total pages 30

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board							
Full Name of Contributor Total contributions from form 31-A					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	6	1 4	0 7	1,175.00
Full Name of Contributor Total contributions from form 31-A					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	6	1 6	0 7	200.00
Full Name of Contributor Total contributions from form 31-A					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	7	3 0	0 7	625.00
Full Name of Contributor Total contributions from form 31-A					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	7	3 1	0 7	475.00
Full Name of Contributor Total contributions from form 31-A					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	8	2 6	0 7	235.00
Full Name of Contributor Total contributions from form 31-A					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			1	0	0 6	0 7	605.00
Full Name of Contributor Angela Zeigler					Registration Number, if PAC		
Street Address 5278 Heathmoor St.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M	D	Y	Amount	
			0	3	1 7	0 7	200.00
Full Name of Contributor Joseph Decker					Registration Number, if PAC		
Street Address 2904 Crescent Dr.			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M	D	Y	Amount	
			0	3	1 7	0 7	40.00

* 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 Mariann Fuddy					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 3	D 1 7	Y 0 7	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 3	D 1 7	Y 0 7	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 3	D 1 7	Y 0 7	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 3	D 1 7	Y 0 7	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 3	D 1 7	Y 0 7	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 3	D 1 7	Y 0 7	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 3	D 1 7	Y 0 7	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 3	D 2 7	Y 0 7	Amount 200.00	

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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 Gary Baker					Registration Number, if PAC		
Street Address 2142 Staghorn Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City		State O H	Zip Code 43123	M 0 4	D 1 8	Y 0 7	Amount 200.00
Full Name of Contributor Renee Derthick					Registration Number, if PAC		
Street Address 1855 SW Springfield Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Palm City		State F L	Zip Code 34990	M 0 4	D 3 0	Y 0 7	Amount 300.00
Full Name of Contributor Huntington PAC					Registration Number, if PAC C00165589		
Street Address 41 S. High St. HBI PAC			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 1 1	Y 0 7	Amount 250.00
Full Name of Contributor Clair Cole-Sandel					Registration Number, if PAC		
Street Address 1570 Saguaro Trail			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Farmington		State N M	Zip Code 57401	M 0 5	D 1 1	Y 0 7	Amount 200.00
Full Name of Contributor Sharda Mehta					Registration Number, if PAC		
Street Address 3611 Ridgewood Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State O H	Zip Code 43026	M 0 6	D 2 3	Y 0 7	Amount 5.00
Full Name of Contributor James A. Johnson					Registration Number, if PAC		
Street Address 1084 Berkeley Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus		State O H	Zip Code 43206	M 0 6	D 2 5	Y 0 7	Amount 25.00
Full Name of Contributor Linda Haley					Registration Number, if PAC		
Street Address 120 Binns Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43204	M 0 6	D 2 5	Y 0 7	Amount 75.00
Full Name of Contributor Patrick 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 0 7	D 1 0	Y 0 7	Amount 100.00

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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 Charles D. Patterson					Registration Number, if PAC		
Street Address 2932 Gratz Ridge Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43123	M 0 7	D 1 8	Y 0 7	Amount 50.00
Full Name of Contributor Keith J. Neal					Registration Number, if PAC		
Street Address 425 Columbian Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43223	M 0 7	D 1 9	Y 0 7	Amount 25.00
Full Name of Contributor Catherine E. Elkins					Registration Number, if PAC		
Street Address 392 Crestview Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43202	M 0 7	D 2 0	Y 0 7	Amount 25.00
Full Name of Contributor William D. Faith					Registration Number, if PAC		
Street Address 340 Clinton Hts. Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43202	M 0 7	D 2 4	Y 0 7	Amount 25.00
Full Name of Contributor Carol J. Stewart					Registration Number, if PAC		
Street Address 192 S. Princeton Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43223	M 0 7	D 2 5	Y 0 7	Amount 30.00
Full Name of Contributor Sicaras Properties - George Sicaris, Sole Proprietor					Registration Number, if PAC		
Street Address 2988 N. High St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43202	M 0 7	D 2 5	Y 0 7	Amount 25.00
Full Name of Contributor Robert J. Weiler					Registration Number, if PAC		
Street Address 41 S. High St. , Suite 1010			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 7	D 2 7	Y 0 7	Amount 50.00
Full Name of Contributor Tuscan Group - Eric Ward, Partner 100%					Registration Number, if PAC		
Street Address 7075 Riverside Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43016	M 0 7	D 2 7	Y 0 7	Amount 25.00

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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 Robert N. Shamansky					Registration Number, if PAC		
Street Address 41 S. High St. , 26th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 7	Y 0 7	Amount 25.00	
Full Name of Contributor Edwin Sparks					Registration Number, if PAC		
Street Address 4190 Fredericksburg Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 0 8	D 0 4	Y 0 7	Amount 25.00	
Full Name of Contributor Ruth M. Glass					Registration Number, if PAC		
Street Address 41 E. Lincoln Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 2	Y 0 7	Amount 25.00	
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 0 8	D 1 3	Y 0 7	Amount 25.00	
Full Name of Contributor Sara Lou Fleming					Registration Number, if PAC		
Street Address 2805 Wapakoneta Ave. Lot 92		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sidney	State O H	Zip Code 45365	M 0 8	D 1 3	Y 0 7	Amount 20.00	
Full Name of Contributor Marye Argetes					Registration Number, if PAC		
Street Address 936 W. Rob Ave. Apt. 302		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 45801	M 0 8	D 1 3	Y 0 7	Amount 20.00	
Full Name of Contributor Joseph Ryan, DDS					Registration Number, if PAC		
Street Address 2233 W. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 0 8	D 1 4	Y 0 7	Amount 50.00	
Full Name of Contributor Julia L. Dorrian					Registration Number, if PAC		
Street Address 130 Northridge Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 8	D 1 5	Y 0 7	Amount 25.00	

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Page Total \$ 215.00

Statement of Contributions Received

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Name of Committee in Full Baker for the Board							
Full Name of Contributor Bill R. Hedrick, Esq.					Registration Number, if PAC ¹		
Street Address 838 Thurber Dr. West Apt. 22			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 8	D 1 8	Y 0 7	Amount 25.00
Full Name of Contributor Eric D. Carmichael					Registration Number, if PAC ¹		
Street Address 1299 Brookwood Pl.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43209	M 0 8	D 2 1	Y 0 7	Amount 200.00
Full Name of Contributor Richard E. Graham					Registration Number, if PAC ¹		
Street Address 315 Blandford Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State O H	Zip Code 43085	M 0 8	D 2 1	Y 0 7	Amount 25.00
Full Name of Contributor Janet Jackson					Registration Number, if PAC ¹		
Street Address 2865 Castlewood Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43209	M 0 8	D 3 0	Y 0 7	Amount 50.00
Full Name of Contributor Elizabeth Ford Kennedy					Registration Number, if PAC ¹		
Street Address 387 E. Denedin Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43214	M 0 9	D 0 1	Y 0 7	Amount 25.00
Full Name of Contributor OAPSE AFSCME Turnaround PAC					Registration Number, if PAC ¹ CA #1269		
Street Address 6805 Oak Creek Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43229	M 0 9	D 1 3	Y 0 7	Amount 2,000.00
Full Name of Contributor James Mueller Jr.					Registration Number, if PAC ¹		
Street Address 4950 W. Broad St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43228	M 0 9	D 2 1	Y 0 7	Amount 50.00
Full Name of Contributor Betty Drummond for Better Schools					Registration Number, if PAC ¹		
Street Address 1288 Pepperell Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43235	M 0 9	D 2 1	Y 0 7	Amount 50.00

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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 Joyce A. 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 1	D 0	Y 2	Amount 100.00	
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	
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	
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	
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 Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Baker for the Board							
Full Name of Contributor Andy Ginther		Registration Number, if PAC					
Street Address 1480 Dublin Rd.	Employer/Occupation/Labor Organization*						60.00
City Columbus	State O H	Zip Code 43215				Form(Cash,Check,etc) Cash	
Full Name of Contributor Katie Radford		Registration Number, if PAC					
Street Address 958 Linwood Ave.	Employer/Occupation/Labor Organization*						50.00
City Columbus	State O H	Zip Code 43206				Form(Cash,Check,etc) Cash	
Full Name of Contributor Ellen Moore		Registration Number, if PAC					
Street Address 4745-B Middletowne St.	Employer/Occupation/Labor Organization*						50.00
City Columbus	State O H	Zip Code 43214				Form(Cash,Check,etc) Check	
Full Name of Contributor E. Renee Derthick		Registration Number, if PAC					
Street Address 1855 SW Springfield Ct.	Employer/Occupation/Labor Organization*						100.00
City Palm City	State F L	Zip Code 34990				Form(Cash,Check,etc) Check	
Full Name of Contributor Maude Hill		Registration Number, if PAC					
Street Address 12171 Derby Court NW	Employer/Occupation/Labor Organization*						50.00
City Pickerington	State O H	Zip Code 43147				Form(Cash,Check,etc) Check	
Full Name of Contributor David Slack		Registration Number, if PAC					
Street Address 429 Townsend Ave.	Employer/Occupation/Labor Organization*						45.00
City Columbus	State O H	Zip Code 43223				Form(Cash,Check,etc) Check	
Full Name of Contributor Russell Goodwin		Registration Number, if PAC					
Street Address 103 E. First Ave.	Employer/Occupation/Labor Organization*						50.00
City Columbus	State O H	Zip Code 43201				Form(Cash,Check,etc) Check	

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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

Total expenditures this event

Page Total \$ 405.00

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		Registration Number, if PAC	
Margaret Binder-Futty			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
106 Binns Blvd.		0 6	1 4 0 7
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43204	Check
Amount		20.00	
Full Name of Contributor			
Joseph Decker			
Street Address		Employer/Occupation/Labor Organization*	
2904 Cresent Dr.			
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43204	Check
Amount		20.00	
Full Name of Contributor			
Ellen Moore			
Street Address		Employer/Occupation/Labor Organization*	
4745-B Middletowne St.			
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43214	Check
Amount		50.00	
Full Name of Contributor			
Kevin Tyler			
Street Address		Employer/Occupation/Labor Organization*	
3162 Walden Ravines			
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43221	Check
Amount		75.00	
Full Name of Contributor			
Mark Wagenbrenner			
Street Address		Employer/Occupation/Labor Organization*	
575 W. First Ave.			
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43215	Check
Amount		100.00	
Full Name of Contributor			
Dawn Tyler Lee			
Street Address		Employer/Occupation/Labor Organization*	
2574 Dover Rd.			
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43209	Check
Amount		45.00	
Full Name of Contributor			
Mona L. Boggs			
Street Address		Employer/Occupation/Labor Organization*	
693 S. Ogden Ave.			
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43204	Check
Amount		50.00	

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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

Total expenditures this event

Page Total \$ 360.00

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 Jimmy J. Boggs		Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Judith Manley		Registration Number, if PAC	
Street Address 140 Haldy Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 10.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Theodore Celeste		Registration Number, if PAC	
Street Address 1230 Oakland Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 75.00
City Columbus	State Zip Code O H 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor David A. Horn		Registration Number, if PAC	
Street Address 105 S. Brinker Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 100.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Joyce Leeth		Registration Number, if PAC	
Street Address 244 Barcelona Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 75.00
City Columbus	State Zip Code O H 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Whitman		Registration Number, if PAC	
Street Address 2467 Eakin Rd.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 25.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Jason Aaron		Registration Number, if PAC	
Street Address 69 Whitethorne Ave.	Employer/Occupation/Labor Organization*	M D Y 0 6 1 4 0 7	Amount 25.00
City Columbus	State Zip Code O H 43223	Form(Cash,Check,etc) Check	

* 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

Total expenditures this event

Page Total \$ 360.00

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 Dan Stewart			Registration Number, if PAC		
Street Address 363 Demorest Road		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus		State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7
City		State O H	Zip Code	Form(Cash,Check,etc) Check	

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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
1 175.00

Total expenditures this event
1 223.75

Page Total \$ 50.00

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 Gerald F. Ocock				Registration Number, if PAC	
Street Address 5842 Alkire Rd.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus		State O H	Zip Code 43119	Form(Cash, Check, etc) Check	
Full Name of Contributor Cindy Windsor				Registration Number, if PAC	
Street Address 977 Neil Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 6 0 7	Amount 25.00
City Columbus		State O H	Zip Code 43201	Form(Cash, Check, etc) Check	
Full Name of Contributor Justin Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 6 0 7	Amount 25.00
City Columbus		State O H	Zip Code 43204	Form(Cash, Check, etc) Check	
Full Name of Contributor Michael D. Cole				Registration Number, if PAC	
Street Address 350 S. Huron Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 25.00
City Columbus		State O H	Zip Code 43204	Form(Cash, Check, etc) Check	
Full Name of Contributor Lisa Boggs				Registration Number, if PAC	
Street Address 693 S. Ogden Ave.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 50.00
City Columbus		State O H	Zip Code 43204	Form(Cash, Check, etc) Check	
Full Name of Contributor Shirley R. Sloan				Registration Number, if PAC	
Street Address 6471 Middleshire St.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 0 7	Amount 25.00
City Columbus		State O H	Zip Code 43229	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)	

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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
200.00

Total expenditures this event
0.00

Page Total \$ 200.00

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 Shirley R. Sloan		Registration Number, if PAC	
Street Address 6471 Middleshire Street	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 50.00
City Columbus	State Zip Code O H 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Timothy F. Collopy		Registration Number, if PAC	
Street Address 3621 Cove Lake Ln.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State Zip Code O H 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Amy D. Klaben		Registration Number, if PAC	
Street Address 238 N. Cassady Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Bexley	State Zip Code O H 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Kienle		Registration Number, if PAC	
Street Address 3621 Cove Lake Ln.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Grove City	State Zip Code O H 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Derthick		Registration Number, if PAC	
Street Address 1855 SW Springfield Ct.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Palm City	State Zip Code F L 34990	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark S. Froelich		Registration Number, if PAC	
Street Address 3440 Olentangy River Rd. #10A	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 50.00
City Columbus	State Zip Code O H 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Marialyce Sunami		Registration Number, if PAC	
Street Address 408 Fairwood Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State Zip Code O H 43205	Form(Cash,Check,etc) Check	

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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

Total expenditures this event

Page Total \$ 225.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Baker for the Board							
Full Name of Contributor Wierdella Gibbs		Registration Number, if PAC					
Street Address 2331 Argyle Ave.		Employer/Occupation/Labor Organization*		0	7	3	25.00
City Columbus		State O H	Zip Code 43219	0	7	0	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Jimmy D. Boggs		Registration Number, if PAC					
Street Address 693 S. Ogden Ave.		Employer/Occupation/Labor Organization*		0	7	3	25.00
City Columbus		State O H	Zip Code 43205	0	7	0	
				Form(Cash,Check,etc) Check			
Full Name of Contributor E. Renee Derthick		Registration Number, if PAC					
Street Address 1855 SW Springfield Dr.		Employer/Occupation/Labor Organization*		0	7	3	25.00
City Palm City		State F L	Zip Code 34990	0	7	0	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Hamilton J. Teaford		Registration Number, if PAC					
Street Address 91 E. Deschler Ave.		Employer/Occupation/Labor Organization*		0	7	3	100.00
City Columbus		State O H	Zip Code 43206	0	7	0	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick L. Berkemer		Registration Number, if PAC					
Street Address 1806 Hickory Hill Dr.		Employer/Occupation/Labor Organization*		0	7	3	50.00
City Columbus		State O H	Zip Code 43228	0	7	0	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Tei Street		Registration Number, if PAC					
Street Address 187 N. Garfield Ave.		Employer/Occupation/Labor Organization*		0	7	3	25.00
City Columbus		State O H	Zip Code 43203	0	7	0	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Elizabeth Ford Kennedy		Registration Number, if PAC					
Street Address 387 E. Dunedin Rd.		Employer/Occupation/Labor Organization*		0	7	3	25.00
City Columbus		State O H	Zip Code 43214	0	7	0	
				Form(Cash,Check,etc) Check			

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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

Total expenditures this event

Page Total \$ 275.00

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 Golden Jackson-Mergler		Registration Number, if PAC	
Street Address 155 W. Main St., Apt. 1401	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Katherine Meyer		Registration Number, if PAC	
Street Address 1179 Middleport Dr.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State Zip Code O H 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Design Group PAC		Registration Number, if PAC CP859	
Street Address 515 E. Main St.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 50.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Rosenthal		Registration Number, if PAC	
Street Address 5272 Rockport St.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 0 0 7	Amount 25.00
City Columbus	State Zip Code O H 43235	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)	
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
625.00

Total expenditures this event
300.00

Page Total \$ **125.00**

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 Melonie Buller		Registration Number, if PAC	
Street Address 1116 Baumock Burn Dr.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 50.00
City Columbus	State Zip Code O H 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Ian B. MacConnell		Registration Number, if PAC	
Street Address 238 E. Patterson Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 200.00
City Columbus	State Zip Code O H 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Carl C. Kipp, III		Registration Number, if PAC	
Street Address 179 E. Tompkins St.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 40.00
City Columbus	State Zip Code O H 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael D. Cole		Registration Number, if PAC	
Street Address 350 S. Huron Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 35.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Jimmy J. Boggs		Registration Number, if PAC	
Street Address 693 S. Ogden Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 25.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Joyce Leeth		Registration Number, if PAC	
Street Address 244 Barcelona Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 50.00
City Columbus	State Zip Code O H 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Michelle Sutton		Registration Number, if PAC	
Street Address 570 Nashoba Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 25.00
City Columbus	State Zip Code O H 43223	Form(Cash,Check,etc) Check	

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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

Total expenditures this event

Page Total \$ 425.00

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 Therese Nolan		Registration Number, if PAC	
Street Address 424 Arcadia Ave.	Employer/Occupation/Labor Organization*	M D Y 0 7 3 1 0 7	Amount 25.00
City Columbus	State Zip Code O H 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Nettie White		Registration Number, if PAC	
Street Address 347 Whitethorne Ave.	Employer/Occupation/Labor Organization*	M D Y 0 8 0 3 0 7	Amount 25.00
City Columbus	State Zip Code O H 43223	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)	
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)	
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
475.00

Total expenditures this event
300.00

Page Total \$ 50.00

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 Mike Kuhn		Registration Number, if PAC	
Street Address 7703 Waggoner Chase Blvd.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 20.00
City Blacklick	State Zip Code O H 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor Chris Boring		Registration Number, if PAC	
Street Address 142 Wilber Ave.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 25.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Marilyn Alvoid		Registration Number, if PAC	
Street Address 701 S. Ogden Ave.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 20.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Dan Stewart		Registration Number, if PAC	
Street Address 363 Demorest Rd.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 50.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Dave Slack		Registration Number, if PAC	
Street Address 429 Townsend Ave.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 25.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Kristen Decker		Registration Number, if PAC	
Street Address 2904 Crescent Dr.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 20.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Amy Hofmeister		Registration Number, if PAC	
Street Address 1461 Stonewell Ct.	Employer/Occupation/Labor Organization*	M D Y 0 8 2 6 0 7	Amount 25.00
City Galloway	State Zip Code O H 43119	Form(Cash,Check,etc) Check	

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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

Total expenditures this event

Page Total \$ 185.00

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 Robert T. Evans				Registration Number, if PAC	
Street Address 2444 Breathstone Dr.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	25.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Dr. David K. Davis					
Street Address 112 Chaucer Ct.				Registration Number, if PAC	
City Worthington		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 8 2 6 0 7	25.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		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
235.00

Total expenditures this event
0.00

Page Total \$ 50.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Baker for the Board							
Full Name of Contributor		Registration Number, if PAC					
Mark Easterling							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
424 Forestwood Dr.		1	0	06	0	7	30.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43230	Cash				
Full Name of Contributor		Registration Number, if PAC					
Contributors of \$25 or Less							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	06	130.00
City	State	Zip Code	Form(Cash,Check,etc)				
	O H		Cash				
Full Name of Contributor		Registration Number, if PAC					
Angela Zeigler							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5278 Heathmoor St.				1	0	06	35.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43235	Check				
Full Name of Contributor		Registration Number, if PAC					
Andrew Basista							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5278 Heathmoor St.				1	0	06	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43235	Check				
Full Name of Contributor		Registration Number, if PAC					
David Horn							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
105 S. Brinker Ave.				1	0	06	70.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43204	Check				
Full Name of Contributor		Registration Number, if PAC					
David Dobos							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8227 Glen Cree Pl.				1	0	06	70.00
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O H	43016	Check				
Full Name of Contributor		Registration Number, if PAC					
Maude Hill							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
12171 Derby Ct. NW				1	0	06	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Pickerington	O H	43147	Check				

* 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

Total expenditures this event

Page Total \$ 410.00

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				Registration Number, if PAC			
Full Name of Contributor Mona L. Boggs				Registration Number, if PAC			
Street Address 693 S. Ogden Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	6	20.00
City Columbus		State O H	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Linda S. Haley				Registration Number, if PAC			
Street Address 120 Binns Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	6	75.00
City Columbus		State O H	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Daryl P. Hennessy				Registration Number, if PAC			
Street Address 2965 Palmetto St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	6	100.00
City Columbus		State O H	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)			
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)			

* 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
605.00

Total expenditures this event
400.00

Page Total \$ 195.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Baker for the Board											
To Whom Paid							M	D	Y	Amount	
Angela Zeigler							0	4	19	07	33.00
Address				Purpose							
5278 Heathmoor St.				Reimbursement for P.O. box rental							
City			State	Zip Code	Check Number						
Columbus			O H	43235	101						
To Whom Paid							M	D	Y	Amount	
Hilltop Business Association							0	6	04	07	250.00
Address				Purpose							
P.O. Box 44217				Booth and Advertisement at Bean Dinner							
City			State	Zip Code	Check Number						
Columbus			O H	43204	102						
To Whom Paid							M	D	Y	Amount	
Teamsters							0	6	04	07	100.00
Address				Purpose							
555 E. Rich St.				Golf Outing							
City			State	Zip Code	Check Number						
Columbus			O H	43215	103						
To Whom Paid							M	D	Y	Amount	
Michael Cole							0	6	04	07	130.00
Address				Purpose							
350 S. Huron Ave.				Reimbursement for business card printing							
City			State	Zip Code	Check Number						
Columbus			O H	43204	104						
To Whom Paid							M	D	Y	Amount	
Graphic T's							0	6	26	07	232.18
Address				Purpose							
532 Main St., P.O. Box 248				Stickers							
City			State	Zip Code	Check Number						
Groveport			O H	43125	108						
To Whom Paid							M	D	Y	Amount	
Superior Signs							0	3	07	07	285.00
Address				Purpose							
1765 Harrisburg Pike				Banner and Decals							
City			State	Zip Code	Check Number						
Columbus			O H	43223	110						
To Whom Paid							M	D	Y	Amount	
Joseph Berning Printing							0	9	05	07	1,534.10
Address				Purpose							
1850 Dalton Ave.				Printing							
City			State	Zip Code	Check Number						
Cincinnati			O H	45214	1031						
To Whom Paid							M	D	Y	Amount	
Ohio Heat All-Star Academy							0	9	06	07	100.00
Address				Purpose							
3455 Centerpointe Dr. Unit A				Bronze sponsorship							
City			State	Zip Code	Check Number						
Grove City			O H	43123	1032						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Baker for the Board							
To Whom Paid Thoth Communications				M	D	Y	Amount
				0	9	2	600.00
Address 350 S. Huron Ave.		Purpose Website Design					
City Columbus		State O H	Zip Code 43204	Check Number 1033			
To Whom Paid Tigereve Promotions LLC				M	D	Y	Amount
				1	0	1	2,204.47
Address 1000 Progress St.		Purpose Yard Signs					
City Greenville		State O H	Zip Code 45331	Check Number 1036			
To Whom Paid Total Expenditures from form no. 31-F				M	D	Y	Amount
				0	6	1	1,223.75
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid Total Expenditures from form no. 31-F				M	D	Y	Amount
				0	7	3	300.00
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid Total Expenditures from form no. 31-F				M	D	Y	Amount
				0	7	3	300.00
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid Total Expenditures from form no. 31-F				M	D	Y	Amount
				1	0	0	400.00
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid Huntington Bank				M	D	Y	Amount
				0	8	1	20.95
Address P.O. Box 1558		Purpose Check printing charge					
City Columbus		State O H	Zip Code 43216-1558	Check Number n/a			
To Whom Paid Daniel K. Stewart				M	D	Y	Amount
				0	8	3	50.00
Address 363 Demorest Rd.		Purpose Returned deposit item - non sufficient funds					
City Columbus		State O H	Zip Code 43204	Check Number n/a			

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 Milos Deli and Café						M	D	Y	Amount			
						0	6	1	4	0	7	332.50
Address 980 W. Broad St.				Purpose Food for fundraiser								
City Columbus		State O	H	Zip Code 43222		Check Number 105						
To Whom Paid Encore Ensembles						M	D	Y	Amount			
						0	6	1	4	0	7	300.00
Address 65 St. Rte. 56 SW				Purpose Musical entertainment for fundraiser								
City London		State O	H	Zip Code 43140		Check Number 106						
To Whom Paid Charles Gongola						M	D	Y	Amount			
						0	7	0	6	0	7	150.00
Address 108 Llewellyn Ave.				Purpose Event Staff								
City Westerville		State O	H	Zip Code 43081		Check Number 1002						
To Whom Paid Real Property Management Inc.						M	D	Y	Amount			
						0	7	0	6	0	7	261.25
Address 9054 Cotter St.				Purpose Event Staff								
City Lewis Center		State O	H	Zip Code 43035		Check Number 1001						
To Whom Paid Encore Ensembles						M	D	Y	Amount			
						0	6	2	6	0	7	80.00
Address 65 St. Rte. 56 SW				Purpose Musical entertainment for fundraiser								
City London		State O	H	Zip Code 43140		Check Number 109						
To Whom Paid Charles Gongola						M	D	Y	Amount			
						0	6	1	4	0	7	100.00
Address 108 Llewellyn Ave.				Purpose Tips for servers and bartender (event staff)								
City Westerville		State O	H	Zip Code 43081		Check Number Cash						
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 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
					0	7	3	1007
Address 65 St. Rte. 56 SW				Purpose Musical Entertainment for event				
City London		State O	H	Zip Code 43140	Check Number 1005			
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

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.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board			
Full Name of Contributor In-kind contriubutuion received at		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address a fundraising event - \$250 or less		Description of Item or Service	M D Y Fair Market Value 0 8 2 6 0 7 250.00
City		State Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor In-kind contribution received at		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address a fundraising event - \$250 or less		Description of Item or Service	M D Y Fair Market Value 0 6 1 6 0 7 250.00
City		State Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor In-kind contribution received at		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address a fundraising event - \$250 or less		Description of Item or Service	M D Y Fair Market Value 0 7 3 0 0 7 122.00
City		State Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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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 0 6 2 9 0 7			Amount 5,000.00	
City			State		Zip Code			Form(Cash,Check,etc) Check	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC			
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name						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 0.00		Amt. Incurred this Period 5,000.00									
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 made		M	D	Y	M	D	Y	\$	M	D	Y	\$						
		0	6	2	9	0	7	0	6	2	9	0	7	5,000.00				
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 made		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							
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 made		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							

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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