

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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 2 3	Y 0 7	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 0	D 2 7	Y 0 7	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 0	D 2 7	Y 0 7	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 0	D 2 9	Y 0 7	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 0	D 2 9	Y 0 7	Amount 150.00	

* 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)]