Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						·	
Baker for the Board							
Full Name of Contributor			Registration Number, if PAC				
Lawrence D. Goldbach			ACBIST.	anon ivan			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck etc.)
204 E. Stafford Ave.						Check	
City	State	Zip Code	М	ΤD	Гү	Amount	
Columbus	О ; Н	43085	110	118	017		100.00
Full Name of Contributor	<u> </u>			ation Num		C	100.00
James W. Strecker							
Street Address	Employer/Occup	ation/Labor Organization*	_	-		Form (Cash, Che	eck, etc.)
1306 Bronwyn Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43204	1 0	118	017		35.00
Full Name of Contributor	-	<u> </u>		ation Num		.c	
Betty Horton							
Street Address	Employer/Occup.	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1255 Algonquin Ave.						Cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43204	110	118	0 7		25.00
Full Name of Contributor			Registr	ation Num	ber, if PA	C	
Cynthia A. Wolke		<u>.</u>					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash			eck, etc.)
12297 S.R. 8						Check	
City	State	Zip Code	M	D	Y .	Amount	
Ottawa Full Name of Contributor	OIH	45875		213			50.00
			Registr	ation Num	ber, if PA	.C	
Carol Perkins Street Address	Employee/Occurs					T 10 1 0	
	Employer/Occupation/Labor Organization*				:	Form (Cash, Che	eck, etc.)
1580 Melrose Ave.	State	Zip Code	Тм	T 20	T v	Check	
Columbus	OH	43224		D	Y OLZ	Amount	100.00
Full Name of Contributor	10,111	40224		2 7	0 7		100.00
Margaret Chase			Registi	ation Num	ibei, ii FA	i.C	
Street Address	Employer/Occurs	ation/Labor Organization*			_	Form (Cash. Ch	ant or l
745 Roys Ave.	- The state of the					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43204		217			10.00
Full Name of Contributor	7	10201		ation Num			10.00
Patrick A. McLean							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1010 Pearl St.						Check	
City	State	Zip Code	М	D	Y	Amount	
Ypsilanti	M I	48197	1110	2 9	017		100.00
Full Name of Contributor	·			ation Num		.c	
Charleta Tavares							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
1237 Medford Rd.						Check	
City	State	Zip Code	М	D	1	Amount	
Columbus	OjH	43209	110	2 9	0 7		150.00
animal for consiluations from individuals area \$100 to statewild.							

• 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 \$ 570.00