

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 0	D 2 1	Y 0 7	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 0	D 2 1	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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 0	D 1 8	Y 0 7	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)]