## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Baker for the Board								
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Julie Martin								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
250 E. Broad St., Suite 900							Check	
City	Sta		Zip Code	М	D	Y	Amount	
Columbus	0	Н	43215	0 6	2 6	1 5	100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Greg Scott								
Street Address	Employe				Form (Cash, Check, etc.)			
250 E. Broad St., Suite 900							Check	
City	Sta	ate	Zip Code	М	D	Y	Amoust	
Columbus		Н	43215	016	2 6	115	100.00	
Full Name of Contributor						ber, if PA	C	
OAPSE/AFSCME Turnaround Ohio P.	hio PAC #1269				1269			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6805 Oak Creek Dr.							Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43229	0 6	216	115	3,000.00	
Full Name of Contributor						ber, if PA		
Carole Perkins				1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1580 Melrose Ave.							Charge	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43224	017	015	1 5	100.00	
Full Name of Contributor			10 11 1		_	ber, if PA		
Coleen Ogle								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1669 Roxbury Rd.							Charge	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	$10^{\circ}$	Н	43212	017	015	115	100.00	
Full Name of Contributor		<u>'</u>	1 10212			ber, if PA		
Doug Cole				ľ				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2545 Abington Dr.						Charge		
City	St	ate	Zip Code	М	D	ΙΥ	Amount	
Upper Arlington		H	43221	- 1	1	1   5		
Full Name of Contributor	Ü		10221			ber, if PA		
						,	-	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
	Simpley of Gottaparion Saloor Greatmanton							
City	St	ate	Zip Code	М	D .	Y	Amount	
			227, 0000	"	1 ~	'	i i i i i i i i i i i i i i i i i i i	
Full Name of Contributor			<u></u>	Registra	tion Num	ber, if PA		
and the controller				registi d	nagni (MUII)	oot, II i A	C	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
	- Amproyen covapanous caroos Organization						con (cam, check, etc.)	
City	Sr	ate	Zip Code	М	D	Y	Amount	
		 		1 "	~	1 1	, water	
	1			1 !	<u> </u>	1		

Page Total \$ 3,900.00

<sup>\*</sup> 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)]