

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Baker for the Board													
Full Name of Contributor Julie Martin						Registration Number, if PAC							
Street Address 250 E. Broad St., Suite 900			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 6		D 2 6		Y 1 5		Amount 100.00	
Full Name of Contributor Greg Scott						Registration Number, if PAC							
Street Address 250 E. Broad St., Suite 900			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 6		D 2 6		Y 1 5		Amount 100.00	
Full Name of Contributor OAPSE/ AFSCME Turnaround Ohio PAC #1269						Registration Number, if PAC 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 6		D 2 6		Y 1 5		Amount 3,000.00	
Full Name of Contributor Carole Perkins						Registration Number, if PAC							
Street Address 1580 Melrose Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Charge						
City Columbus		State O H		Zip Code 43224		M 0 7		D 0 5		Y 1 5		Amount 100.00	
Full Name of Contributor Coleen Ogle						Registration Number, if PAC							
Street Address 1669 Roxbury Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Charge						
City Columbus		State O H		Zip Code 43212		M 0 7		D 0 5		Y 1 5		Amount 100.00	
Full Name of Contributor Doug Cole						Registration Number, if PAC							
Street Address 2545 Abington Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Charge						
City Upper Arlington		State O H		Zip Code 43221		M 1 0		D 0 7		Y 1 5		Amount 500.00	
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	

* 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 \$ 3,900.00