

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|---|-------------------|-------------------|--|---------------------------|--|
| Name of Committee in Full Baker for the Board | | | | | | | |
| Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC LA 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 3 | D 2 4 | Y 1 5 | Amount 2,500.00 | |
| Full Name of Contributor Jody Gahman Dzurarin | | | | | Registration Number, if PAC | | |
| Street Address 5707 Aderholt Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dublin | State O H | Zip Code 43016 | M 0 4 | D 0 4 | Y 1 5 | Amount 50.00 | |
| Full Name of Contributor Sara Fleming | | | | | Registration Number, if PAC | | |
| Street Address 2805 Wapak Ave. #93 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Sidney, | State O H | Zip Code 45365 | M 0 4 | D 0 2 | Y 1 5 | Amount 25.00 | |
| Full Name of Contributor J.B. Rinehart | | | | | Registration Number, if PAC | | |
| Street Address 4776 Smoketalk Ln. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Westerville | State O H | Zip Code 43081 | M 0 4 | D 0 1 | Y 1 5 | Amount 50.00 | |
| Full Name of Contributor Robert Weiler | | | | | Registration Number, if PAC | | |
| Street Address 10 N. High St., Suite 401 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43215 | M 0 3 | D 3 0 | Y 1 5 | Amount 100.00 | |
| Full Name of Contributor Amy Klaben | | | | | Registration Number, if PAC | | |
| Street Address 238 N. Cassady Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Bexley | State O H | Zip Code 43209 | M 0 4 | D 0 9 | Y 1 5 | Amount 50.00 | |
| Full Name of Contributor Maude Hill | | | | | Registration Number, if PAC | | |
| Street Address 8238 Kathleen Cir. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 4 | D 0 9 | Y 1 5 | Amount 25.00 | |
| Full Name of Contributor Donald McTigue | | | | | Registration Number, if PAC | | |
| Street Address 545 E. Town St. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43215 | M 0 4 | D 0 9 | Y 1 5 | 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)]