

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Tom Baker									
Full Name of Contributor William Baker						Registration Number, if PAC			
Street Address 4379 Newton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Newark		State OH	Zip Code 43055		M 0	D 3	D 2	Y 2	Amount \$50.00
Full Name of Contributor Randy Jones						Registration Number, if PAC			
Street Address 4817 Canterwood Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 3	D 2	Y 0	Amount \$50.00
Full Name of Contributor Roger Escolas						Registration Number, if PAC			
Street Address 5068 Stonecroft Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 3	D 2	Y 1	Amount \$100.00
Full Name of Contributor William Emery						Registration Number, if PAC			
Street Address 3968 Brown Park Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 3	D 2	Y 0	Amount \$100.00
Full Name of Contributor William Emery						Registration Number, if PAC			
Street Address 4396 Dublin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 3	D 2	Y 0	Amount \$250.00
Full Name of Contributor Donna Frazier						Registration Number, if PAC			
Street Address 5605 Edie Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 3	D 2	Y 3	Amount \$35.00
Full Name of Contributor Larry Earman						Registration Number, if PAC			
Street Address 4369 Shire Creek Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 3	D 2	Y 2	Amount \$200.00
Full Name of Contributor Betty Winland						Registration Number, if PAC			
Street Address 4802 Brixston Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 3	D 2	Y 4	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$835.00**