

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Liliana Rivera Baiman				
Full Name of Contributor Janet Corbin			Registration Number, if PAC	
Street Address 416 S. High St.	Employer/Occupation/Labor Organization* The Ohio State University Wexner Medical Center / Registered Nurse		Form (Cash, Check, etc.) online portal	
City Urbana	State OH	Zip Code 43078	Date 03/29/2019	Amount \$15.00
Full Name of Contributor Don Shartzner			Registration Number, if PAC	
Street Address 587 E. Royal Forest Blvd	Employer/Occupation/Labor Organization* Franklin County Government / Lawyer		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43214	Date 03/29/2019	Amount \$27.00
Full Name of Contributor Alissa Smith			Registration Number, if PAC	
Street Address 1057 Geers Ave	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43206	Date 03/29/2019	Amount \$14.00
Full Name of Contributor Sarah Lukowski			Registration Number, if PAC	
Street Address 1395 JESSAMINE AVE W, APT 306	Employer/Occupation/Labor Organization* University of Minnesota / Postdoctoral Associate		Form (Cash, Check, etc.) online portal	
City SAINT PAUL	State MN	Zip Code 55108	Date 03/29/2019	Amount \$11.00
Full Name of Contributor Scott Lloyd DeWitt			Registration Number, if PAC	
Street Address 364 Crestview Road	Employer/Occupation/Labor Organization* Ohio State University / Teacher		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/29/2019	Amount \$56.00
Full Name of Contributor Deb Supelak			Registration Number, if PAC	
Street Address 415 E. Maynard Ave	Employer/Occupation/Labor Organization* Lab-Ally / Director of Operations		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/29/2019	Amount \$14.00
Full Name of Contributor Kimberley A Mason			Registration Number, if PAC	
Street Address 2681 Edencreek Lane	Employer/Occupation/Labor Organization* Hondros College of Nursing / Career Services		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43207	Date 03/29/2019	Amount \$27.00
Full Name of Contributor Elaine Tucker			Registration Number, if PAC	
Street Address 180 E Lakeview Ave	Employer/Occupation/Labor Organization* Self employed / Birth doula		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/29/2019	Amount \$11.00

* 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)]