

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 Kristin Porter			Registration Number, if PAC	
Street Address 773 Alexandria Colony Ct.	Employer/Occupation/Labor Organization* Paralegal, Bricker & Eckler LLC		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43215	Date 09/07/2019	Amount \$100.00
Full Name of Contributor Kristin Porter			Registration Number, if PAC	
Street Address 773 Alexandria Colony Ct.	Employer/Occupation/Labor Organization* Paralegal, Bricker & Eckler LLC		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43215	Date 09/07/2019	Amount \$20.00
Full Name of Contributor James Oakley			Registration Number, if PAC	
Street Address 6135 Ballard Rd	Employer/Occupation/Labor Organization* RN, Ohio State University Med Center		Form (Cash, Check, etc.) online portal	
City Nasport	State OH	Zip Code 43830	Date 09/07/2019	Amount \$100.00
Full Name of Contributor Rhon Baiman			Registration Number, if PAC	
Street Address 205 S Humphrey Ave	Employer/Occupation/Labor Organization* Economist, Benedictine University		Form (Cash, Check, etc.) online portal	
City Oak Park	State IL	Zip Code 60302	Date 09/07/2019	Amount \$50.00
Full Name of Contributor Ethan Young			Registration Number, if PAC	
Street Address 600 w goodale apt 544	Employer/Occupation/Labor Organization* Union Rep, Ohio Education Assn.		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43215	Date 09/07/2019	Amount \$500.00
Full Name of Contributor Rachel Sector			Registration Number, if PAC	
Street Address 255 E Long St	Employer/Occupation/Labor Organization* Therapist, Affirmations		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43215	Date 09/07/2019	Amount \$10.00
Full Name of Contributor Noah Hossler			Registration Number, if PAC	
Street Address 3437 oak bend blvd	Employer/Occupation/Labor Organization* Programming Dept., RR Donnelley		Form (Cash, Check, etc.) online portal	
City Canal Winchester	State OH	Zip Code 43110	Date 09/07/2019	Amount \$30.00
Full Name of Contributor Lauren Squires			Registration Number, if PAC	
Street Address 474 Wyandotte Ave	Employer/Occupation/Labor Organization* Professor, Ohio State University		Form (Cash, Check, etc.) online portal	
City columbus	State OH	Zip Code 43202	Date 09/07/2019	Amount \$40.00

* 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)]