

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 Mary Louise Hawkins			Registration Number, if PAC	
Street Address 5649 Balkan Place	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43231	Date 09/30/2019	Amount \$3.00
Full Name of Contributor Sarah Neville			Registration Number, if PAC	
Street Address 338 W. 1st Ave	Employer/Occupation/Labor Organization* professor, osu		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43201	Date 09/30/2019	Amount \$10.00
Full Name of Contributor Jordan Inskip			Registration Number, if PAC	
Street Address 143 West Lakeview Ave.	Employer/Occupation/Labor Organization* Printer, Inskip Printing		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 09/30/2019	Amount \$3.00
Full Name of Contributor Karyn Deibel			Registration Number, if PAC	
Street Address 166 West Como Ave.	Employer/Occupation/Labor Organization* Body worker, self		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 09/30/2019	Amount \$10.00
Full Name of Contributor Adam Stephens			Registration Number, if PAC	
Street Address 284 W Kenworth Rd	Employer/Occupation/Labor Organization* Software Developer, CoverMyMeds		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43214	Date 09/30/2019	Amount \$18.00
Full Name of Contributor Marcus Whiteamire			Registration Number, if PAC	
Street Address 1363 Westlake Ave.	Employer/Occupation/Labor Organization* Labor Relations Consultant, Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Lakewood	State OH	Zip Code 44107	Date 09/30/2019	Amount \$33.00
Full Name of Contributor Brittany Hulbert			Registration Number, if PAC	
Street Address 560 E Royal Forest Blvd	Employer/Occupation/Labor Organization* Manager, I Know I Can		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43214	Date 09/30/2019	Amount \$18.00
Full Name of Contributor Benjamin McKean			Registration Number, if PAC	
Street Address 313 E Blenkner St	Employer/Occupation/Labor Organization* assistant professor, Ohio State University		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43206	Date 09/30/2019	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)]