

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 Nadell Brooke			Registration Number, if PAC	
Street Address 606 W 113th St Apt 3C	Employer/Occupation/Labor Organization* not applicable		Form (Cash, Check, etc.) online portal	
City New York	State NY	Zip Code 10025	Date 07/01/2019	Amount \$8.00
Full Name of Contributor Spires Kristy			Registration Number, if PAC	
Street Address 3860 Carlotta st	Employer/Occupation/Labor Organization* CFO Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Grove City	State OH	Zip Code 43123	Date 07/01/2019	Amount \$25.00
Full Name of Contributor Ott Espinoza Randal			Registration Number, if PAC	
Street Address 1982 Drury Ln	Employer/Occupation/Labor Organization* Quality Control / Testing Coordinator Gleim Internet Inc.		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43235	Date 07/02/2019	Amount \$5.00
Full Name of Contributor Ott Randal			Registration Number, if PAC	
Street Address 301 NW 13th Ave	Employer/Occupation/Labor Organization* Tester Gleim Publications Inc.		Form (Cash, Check, etc.) online portal	
City Gainesville	State FL	Zip Code 32601	Date 07/02/2019	Amount \$5.00
Full Name of Contributor Cain Colleen			Registration Number, if PAC	
Street Address 1197 Tillicum Dr.	Employer/Occupation/Labor Organization* Project coordinator CUSI tech		Form (Cash, Check, etc.) online portal	
City Worthington	State OH	Zip Code 43085	Date 07/09/2019	Amount \$5.00
Full Name of Contributor Smith Chad			Registration Number, if PAC	
Street Address 5628 Naiche Rd	Employer/Occupation/Labor Organization* Teacher Columbus City Schools		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43213	Date 07/09/2019	Amount \$20.00
Full Name of Contributor Baiman Liliana			Registration Number, if PAC	
Street Address 426 Reinhard Ave	Employer/Occupation/Labor Organization* Labor Liason Central Ohio worker center		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43206	Date 07/09/2019	Amount \$25.00
Full Name of Contributor Inskeep Jordan			Registration Number, if PAC	
Street Address 143 West Lakeview Ave.	Employer/Occupation/Labor Organization* Printer Inskeep Printing		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 07/10/2019	Amount \$18.07

* 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)]