

# 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			Registration Number, if PAC	
Street Address 1043 Highland St.	Employer/Occupation/Labor Organization* AFL-CIO / Campaign Director		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43201	Date 04/29/2019	Amount \$200.00
Full Name of Contributor			Registration Number, if PAC	
Street Address 393 Crandall Dr.	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Worthington	State OH	Zip Code 43085	Date 04/28/2019	Amount \$15.00
Full Name of Contributor			Registration Number, if PAC	
Street Address 4653 Ralston St	Employer/Occupation/Labor Organization* Cardinal Health / Advisor		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43214	Date 04/28/2019	Amount \$35.00
Full Name of Contributor			Registration Number, if PAC	
Street Address 148 N. Merkle Road	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43209	Date 04/26/2019	Amount \$27.00
Full Name of Contributor			Registration Number, if PAC	
Street Address 178 E Longview Ave	Employer/Occupation/Labor Organization* Hondros College of Nursing / Higher Ed Admin		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 04/22/2019	Amount \$24.80
Full Name of Contributor			Registration Number, if PAC	
Street Address 474 wyandotte	Employer/Occupation/Labor Organization* Ohio Educataion Association / Organizer		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43202	Date 04/30/2019	Amount \$1,000.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00

\* 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)]