

# 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 Michael Hansen			Registration Number, if PAC	
Street Address 343 E Maynard	Employer/Occupation/Labor Organization* AMCI / Data analyst		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/10/2019	Amount \$50.00
Full Name of Contributor Deb Supelak			Registration Number, if PAC	
Street Address 415 E. Maynard Ave	Employer/Occupation/Labor Organization* Lab-Ally LLC / Director of Operations		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/09/2019	Amount \$45.00
Full Name of Contributor Karen Moore			Registration Number, if PAC	
Street Address 1012 South Maple Avenue	Employer/Occupation/Labor Organization* Illinois Education Association / Organizer		Form (Cash, Check, etc.) online portal	
City Oak Park	State IL	Zip Code 60304	Date 03/08/2019	Amount \$50.00
Full Name of Contributor Monica Morales			Registration Number, if PAC	
Street Address 12 n Broadway st	Employer/Occupation/Labor Organization* IEA / Organizer		Form (Cash, Check, etc.) online portal	
City Joliet	State IL	Zip Code 60435	Date 03/06/2019	Amount \$100.00
Full Name of Contributor Kristi Papa			Registration Number, if PAC	
Street Address 2503 Willow Ln	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Rolling Meadows	State IL	Zip Code 60008	Date 03/05/2019	Amount \$50.00
Full Name of Contributor Tracy C Plass			Registration Number, if PAC	
Street Address 207 Porter Rd	Employer/Occupation/Labor Organization* Massachusetts Mutual Life Insurance / Insurance		Form (Cash, Check, etc.) Check	
City East Longmeadow	State MA	Zip Code 1028	Date 04/13/2019	Amount \$50.00
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)]