

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 Karrie Strickland			Registration Number, if PAC	
Street Address 2300 Wymore Place		Employer/Occupation/Labor Organization* Labor Relations Consultant, Ohio Education Association		Form (Cash, Check, etc.) online portal
City Dayton	State OH	Zip Code 45459	Date 10/28/2019	Amount \$500.00
Full Name of Contributor Michele Prater			Registration Number, if PAC	
Street Address 5133 Calhoon Dr.		Employer/Occupation/Labor Organization* Marketing, OEA		Form (Cash, Check, etc.) online portal
City Hilliard	State OH	Zip Code 43026	Date 10/28/2019	Amount \$24.80
Full Name of Contributor Teachers for Schools			Registration Number, if PAC 3111102994	
Street Address 929 East Broad St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State Oh	Zip Code 43205	Date 10/26/2019	Amount \$2,200.00
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
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
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)]