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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					
Kestner Jeffrey								
Street Address			ganization*	Form (Cash, Check, etc.)				
231 Marietta St	Labor Relations Consultant O			online portal				
	Association							
City	State	Zip Code	Date	Amount				
Bremen	ОН	43107	08/28/2019	\$100.00				
Full Name of Contributor			Registration Number	, if PAC				
Weckesser Phil								
Street Address	Employer/	Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)				
8158 Pelham Dr	Engineer Salas Obrien			online portal				
City	State	Zip Code	Date	Amount				
Westerville	ОН	43081	06/27/2019	\$50.00				
Full Name of Contributor			Registration Number	r, if PAC				
Messmer Jane								
Street Address	Employer/Occupation/Labor Organiza		ganization*	Form (Cash, Check, etc.)				
117 Highmeadow Drive	Attorney State of Ohio			online portal				
City	State	Zip Code	Date	Amount				
Gahanna	ОН	43230	06/29/2019	\$10.00				
Full Name of Contributor	Registration Num		Registration Number	r, if PAC				
wentz John								
Street Address				Form (Cash, Check, etc.)				
1173 Pennsylvania Ave,	barkanmeizlish/ Lawyer			check				
City	State	Zip Code	Date	Amount				
Columbus	oh	43201	07/13/2019	\$150.00				
Full Name of Contributor			Registration Number	r, if PAC				
THE MATRIOTS			OH1761					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2470 E. MAIN ST	Employer cooperior Euror organization			check				
City	State	Zip Code	Date	Amount				
BEXLEY	oh	43209	07/24/2019	\$2,500.00				
Full Name of Contributor			Registration Number					
Vote Moma			C00692137	•				
Street Address	Employer	Occupation/Labor O	rganization*	Form (Cash, Check, etc.)				
32 AVON PLACE	. , .			check				
City	State	Zip Code	Date	Amount				
Amityville,	ny	11701	06/21/2019	\$2,500.00				
Full Name of Contributor	113	117,01	Registration Numbe					
O'Brachta Elizabeth								
Street Address	Employer	/Occupation/Labor O	rganization*	Form (Cash, Check, etc.)				
2217 Arlington Ave	Employer/Occupation/Labor Organization* not applicable			cash				
City	State	Zip Code	Date	Amount				
Columbus	oh	43221	08/20/2019	\$10.00				
Full Name of Contributor	1 011	1.13222	Registration Numbe					
(·								
Hayden Valerie Street Address	Employer/Occupation/Labor Organization* Form			Form (Cash, Check, etc.)				
	Once Upon A Child Employer			cash				
1851 Plains Blvd City	State	Zip Code	Date	Amount				
City	OH	43065	08/21/2019	\$4.00				

Page Total: \$5,324.00

^{*} 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)]