|] | Pag | e 7 |
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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 | | | | ich d |
| Full Name of Contributor | | | Registration Number | er, if PAC |
| Roberts Connie | | | | - (0.1.01.1.1.) |
| Street Address | Employe | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) |
| 1162 Virginia Ave | Loeb. E | | | cash |
| City | State | Zip Code | Date | Amount |
| Columbus, | ОН | 43212 | 08/22/2019 | \$10.00 |
| Full Name of Contributor | | | Registration Number | er, if PAC |
| Gordon Melissa | | | | |
| Street Address | Employe | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) |
| 2767 Folkstone Rd | not app | not applicable | | cash |
| City | State | Zip Code | Date | Amount |
| Columbus, | oh | 43220 | 08/23/2019 | \$20.00 |
| Full Name of Contributor | | | Registration Numb | er, if PAC |
| Lang Elaine | | _ | | |
| Street Address | Employ | er/Occupation/Labor | Organization* | Form (Cash, Check, etc.) |
| 1625 Barrington Rd | not app | licable | | cash |
| City | State | Zip Code | Date | Amount |
| Columbus, | ОН | 43221 | 08/24/2019 | \$10.00 |
| Full Name of Contributor | | | Registration Numb | er, if PAC |
| Martin Kaye | | | | |
| Street Address | Employ | er/Occupation/Labor | Organization* | Form (Cash, Check, etc.) |
| 2341 Brandon Rd | ' ' | olicable | | cash |
| City | State | Zip Code | Date | Amount |
| • | ОН | 43221 | 08/25/2019 | \$4.00 |
| Columbus, Full Name of Contributor | | | Registration Numb | per, if PAC |
| Monnier Christina | | | | |
| Street Address | Employ | er/Occupation/Labor | Organization* | Form (Cash, Check, etc.) |
| 1994 Suffolk Rd. #2 | i i | plicable | · | cash |
| | State | Zip Code | Date | Amount |
| City | OH | 43221 | 08/26/2019 | \$20.00 |
| Columbus, | OII | 13221 | Registration Num | ber, if PAC |
| Full Name of Contributor | | | ľ | |
| McKay Susan | Employ | ver/Occupation/Labor | Organization* | Form (Cash, Check, etc.) |
| Street Address | | Employer/Occupation/Labor Organization* not applicable | | cash |
| 1200 Grandview Ave #304 | State | Zip Code | Date | Amount |
| City | OH | 43202 | 08/27/2019 | \$20.00 |
| Columbus, | Un | 43202 | Registration Num | |
| Full Name of Contributor | | | 1.051311.011.011.11 | * · |
| Engler Lauren | Essela | /Occupation/Labo | r Organization* | Form (Cash, Check, etc.) |
| Street Address | | Employer/Occupation/Labor Organization* not applicable | | cash |
| 6725 Vineyard Haven Loop | | Zip Code | Date | Amount |
| City | State | 1 | 08/28/2019 | \$3.00 |
| Dublin, | oh | 43016 | Registration Num | |
| Full Name of Contributor | | | Registration Num | 1001, 11 1 110 |
| Emery Barbara | | | - Oitio-* | Form (Cash, Check, etc.) |
| Street Address | _ · | oyer/Occupation/Labo | r Organization* | cash |
| 1991 Suffolk Rd #1 | | oplicable | | Amount |
| City | State | Zip Code | Date | |
| upper Arlington | oh | 43221 | 08/29/2019 | \$20,00 |

Page Total: \$107.00

^{*} 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)]