

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 Garett Marcum			Registration Number, if PAC	
Street Address 614 Garden Rd	Employer/Occupation/Labor Organization* General Contractor, Self		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43214	Date 10/10/2019	Amount \$100.00
Full Name of Contributor Susan Dodge			Registration Number, if PAC	
Street Address 25866 Bagley Rd	Employer/Occupation/Labor Organization* Union Rep, Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Olmsted Falls	State OH	Zip Code 44138	Date 10/11/2019	Amount \$50.00
Full Name of Contributor Amelia Woodward			Registration Number, if PAC	
Street Address 261 Forest St.	Employer/Occupation/Labor Organization* Labor Relations Consultant, Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Oberlin	State OH	Zip Code 44074	Date 10/11/2019	Amount \$50.00
Full Name of Contributor Melissa Lawrence			Registration Number, if PAC	
Street Address 6340 Royal Tern Crossing	Employer/Occupation/Labor Organization* Program Supervisor, Nationwide Childrens Hospital		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43230	Date 10/13/2019	Amount \$24.80
Full Name of Contributor Anne Barrett			Registration Number, if PAC	
Street Address 5366 Beringer Drive	Employer/Occupation/Labor Organization* Labor relations, OEA		Form (Cash, Check, etc.) online portal	
City Hilliard	State OH	Zip Code 43026	Date 10/14/2019	Amount \$50.00
Full Name of Contributor Mark Allison			Registration Number, if PAC	
Street Address 815 Eddystone Ave	Employer/Occupation/Labor Organization* Information Technology, Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43224	Date 10/14/2019	Amount \$56.00
Full Name of Contributor Trent Calloway			Registration Number, if PAC	
Street Address 5050A	Employer/Occupation/Labor Organization* UX Designer, Chemical Abstracts (CAS)		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43219	Date 10/15/2019	Amount \$25.00
Full Name of Contributor Gregory Ngirmang			Registration Number, if PAC	
Street Address 1116 S High St Apt B	Employer/Occupation/Labor Organization* Science Researcher, National Academies of Sciences Engineering and Medicine		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43206	Date 10/15/2019	Amount \$50.00

* 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