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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 | | | |
| Bill Quirk | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| 301 Northgate Dr Unit B | Labor organizer / UC-AFT | | | online portal | |
| City | State | Zip Code | Date | Amount | |
| Goleta | CA | 93117 | 02/23/2019 | \$100.00 | |
| Full Name of Contributor | Full Name of Contributor | | Registration Number, if PAC | | |
| Isaac Epstein | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| 15 Pearl Street | Photographer / Self | | online portal | | |
| City | State | Zip Code | Date | Amount | |
| Dover | NH | 3820 | 02/23/2019 | \$25.00 | |
| Full Name of Contributor | Registration Num | | Registration Number, | er, if PAC | |
| Holly Rowe | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | nization* | Form (Cash, Check, etc.) | |
| 8078 Snyder Rd | RN / Ohio | | | online portal | |
| City | State | Zip Code | Date | Amount | |
| Orient | OH | 43146 | 02/23/2019 | \$50.00 | |
| Full Name of Contributor | | | Registration Number, | if PAC | |
| Rick Lucas | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | nization* | Form (Cash, Check, etc.) | |
| 5725 Tile Plant Rd | RN / OSUWMC | | | online portal | |
| City | State | Zip Code | Date | Amount | |
| New Lexington | ОН | 43764 | 02/22/2019 | \$50.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | if PAC | |
| Sara Wallenfang | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| 2947 Broadway Ave. | Regional Organizing Director / Michigan United | | online portal | | |
| City | State | Zip Code | Date | Amount | |
| Kalamazoo | MI | 49008 | 02/22/2019 | \$50.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Candace Miller | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| 4825 Brixston Dr | Nurse / OSUWMC | | 1 | online portal | |
| City | State | Zip Code | Date | Amount | |
| Hilliard | ОН | 43026 | 02/22/2019 | \$27.00 | |
| Full Name of Contributor | | | | if PAC | |
| Nate Williams | Τ | | <u> </u> | | |
| Street Address | Employer/Occupation/Labor Organiza | | | Form (Cash, Check, etc.) | |
| 6000 Old Quarry Loop | Labor Relations / California Teachers Associat | | | online portal | |
| City | State | Zip Code | Date | Amount | |
| Oakland | CA | 94605 | 02/22/2019 | \$100.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Angie Romines-Smith | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 3117 Aullwood Court | Senior lecturer / Ohio State | | | online portal | |
| City | State | Zip Code | Date | Amount | |

Page Total: \$429.00

^{*} 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)]