

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 John Avouris			Registration Number, if PAC	
Street Address 5806 Horning Rd	Employer/Occupation/Labor Organization* Ohio Education Association / Labor Representative		Form (Cash, Check, etc.) online portal	
City Kent	State OH	Zip Code 44240	Date 03/21/2019	Amount \$11.00
Full Name of Contributor Nickimmy Hayes			Registration Number, if PAC	
Street Address 107 View Street	Employer/Occupation/Labor Organization* AFT Connecticut / Union Organizer		Form (Cash, Check, etc.) online portal	
City Meriden	State CT	Zip Code 6450	Date 03/21/2019	Amount \$18.07
Full Name of Contributor Kristine Stepanovsky			Registration Number, if PAC	
Street Address 9629 Meadow Wood w	Employer/Occupation/Labor Organization* OSUMC / Nurse		Form (Cash, Check, etc.) online portal	
City Pickerington	State OH	Zip Code 43147	Date 03/21/2019	Amount \$35.00
Full Name of Contributor Holly Rowe			Registration Number, if PAC	
Street Address 8078 Snyder Rd	Employer/Occupation/Labor Organization* OSU / RN		Form (Cash, Check, etc.) online portal	
City Orient	State OH	Zip Code 43146	Date 03/21/2019	Amount \$24.80
Full Name of Contributor Gretchen West			Registration Number, if PAC	
Street Address 714 Reinhard Avenue	Employer/Occupation/Labor Organization* Nationwide Childrens Hospital / Director		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43206	Date 03/21/2019	Amount \$24.80
Full Name of Contributor Alison Hoffa			Registration Number, if PAC	
Street Address 8338 Dueber Ave SW	Employer/Occupation/Labor Organization* Ohio Education Association / Labor Relations Consultant		Form (Cash, Check, etc.) online portal	
City East Sparta	State OH	Zip Code 44626	Date 03/15/2019	Amount \$100.00
Full Name of Contributor Dani Howell			Registration Number, if PAC	
Street Address 1051 N High St, #205	Employer/Occupation/Labor Organization* AHL Group / Copywriter		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43201	Date 03/15/2019	Amount \$5.00
Full Name of Contributor Susan Dodge			Registration Number, if PAC	
Street Address 25866 Bagley Rd	Employer/Occupation/Labor Organization* Ohio Education Association / Union Advocate		Form (Cash, Check, etc.) online portal	
City Olmsted Falls	State OH	Zip Code 44138	Date 03/14/2019	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 aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]