

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 Erik Turocy			Registration Number, if PAC	
Street Address 432 Reinhard Ave.		Employer/Occupation/Labor Organization* Industrial Designer / Zukun Plan		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43206	Date 01/26/2019	Amount \$100.00
Full Name of Contributor Connie Hammond			Registration Number, if PAC	
Street Address 166 Acton Rd		Employer/Occupation/Labor Organization* Retired / Retired		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43214	Date 01/26/2019	Amount \$100.00
Full Name of Contributor Sophia Rodriguez			Registration Number, if PAC	
Street Address 1125 W Bank Rd #101		Employer/Occupation/Labor Organization* Educator / Coldwater EVS		Form (Cash, Check, etc.) online portal
City Celina	State OH	Zip Code 45822	Date 01/26/2019	Amount \$100.00
Full Name of Contributor Amber Clark			Registration Number, if PAC	
Street Address 421 Oak Village Dr		Employer/Occupation/Labor Organization* Teacher / South-Western City Schools		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43207	Date 01/25/2019	Amount \$20.00
Full Name of Contributor Marcus Whiteamire			Registration Number, if PAC	
Street Address 1363 Westlake Ave.		Employer/Occupation/Labor Organization* Labor Relations Consultant / Ohio Education Association		Form (Cash, Check, etc.) online portal
City Lakewood	State OH	Zip Code 44107	Date 01/25/2019	Amount \$50.00
Full Name of Contributor Joyce Stewart			Registration Number, if PAC	
Street Address 2903 Teapot Ct		Employer/Occupation/Labor Organization* Secretary / Ohio Education Association		Form (Cash, Check, etc.) online portal
City Reynoldsburg	State OH	Zip Code 43068	Date 01/25/2019	Amount \$50.00
Full Name of Contributor JESSICA FRYMYER			Registration Number, if PAC	
Street Address 9485 BEAVERS RD		Employer/Occupation/Labor Organization* Registered Nurse / THE Ohio State University Wexner Medical Center		Form (Cash, Check, etc.) online portal
City ORIENT	State OH	Zip Code 43146	Date 01/25/2019	Amount \$100.00
Full Name of Contributor Susan Strubbe			Registration Number, if PAC	
Street Address 514 Americas Way #9209		Employer/Occupation/Labor Organization* Retired / Retired		Form (Cash, Check, etc.) online portal
City Box Elder	State SD	Zip Code 57719	Date 01/25/2019	Amount \$100.00

* 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)]