

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 Melissa Scaglione | | | Registration Number, if PAC | |
| Street Address 1043 Highland St. | Employer/Occupation/Labor Organization* AFL-CIO / Campaign Director | | Form (Cash, Check, etc.) online portal | |
| City Columbus | State oh | Zip Code 43201 | Date 04/29/2019 | Amount \$200.00 |
| Full Name of Contributor Daniel Zevallos | | | Registration Number, if PAC | |
| Street Address 393 Crandall Dr. | Employer/Occupation/Labor Organization* Not Applicable | | Form (Cash, Check, etc.) online portal | |
| City Worthington | State OH | Zip Code 43085 | Date 04/28/2019 | Amount \$15.00 |
| Full Name of Contributor Phillip Stone | | | Registration Number, if PAC | |
| Street Address 4653 Ralston St | Employer/Occupation/Labor Organization* Cardinal Health / Advisor | | Form (Cash, Check, etc.) online portal | |
| City Columbus | State oh | Zip Code 43214 | Date 04/28/2019 | Amount \$35.00 |
| Full Name of Contributor Anita Waters | | | Registration Number, if PAC | |
| Street Address 148 N. Merkle Road | Employer/Occupation/Labor Organization* Not Applicable | | Form (Cash, Check, etc.) online portal | |
| City Columbus | State Oh | Zip Code 43209 | Date 04/26/2019 | Amount \$27.00 |
| Full Name of Contributor Adam Bulizak | | | Registration Number, if PAC | |
| Street Address 178 E Longview Ave | Employer/Occupation/Labor Organization* Hondros College of Nursing / Higher Ed Admin | | Form (Cash, Check, etc.) online portal | |
| City Columbus | State oh | Zip Code 43202 | Date 04/22/2019 | Amount \$24.80 |
| Full Name of Contributor Matt Ides | | | Registration Number, if PAC | |
| Street Address 474 wyandotte | Employer/Occupation/Labor Organization* Ohio Educataion Association / Organizer | | Form (Cash, Check, etc.) check | |
| City Columbus | State oh | Zip Code 43202 | Date 04/30/2019 | Amount \$1,000.00 |
| Full Name of Contributor N/A | | | Registration Number, if PAC N/A | |
| Street Address N/A | Employer/Occupation/Labor Organization* N/A | | Form (Cash, Check, etc.) N/A | |
| City N/A | State N/A | Zip Code N/A | Date N/A | Amount \$0.00 |
| Full Name of Contributor N/A | | | Registration Number, if PAC N/A | |
| Street Address N/A | Employer/Occupation/Labor Organization* N/A | | Form (Cash, Check, etc.) N/A | |
| City N/A | State N/A | Zip Code N/A | Date N/A | Amount \$0.00 |

* 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)]