Page	5

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,	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	01/25/2019	\$27.00		
Full Name of Contributor			Registration Number, if PAC			
Laura Cleaveland						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
365 Weaverville Rd. #8	social worker / BCS			online portal		
City	State Zip Code Date		Date	Amount		
Asheville	NC	28804	01/14/2019	\$50.00		
Full Name of Contributor			Registration Number			
Rachel Baiman			L			
Street Address	Employer/Occupation/Labor Organization*					
1017 Falls Ave B	musician	•	-	Form (Cash, Check, etc.) online portal		
City	State	Zip Code	Date	Amount		
Madison	TN	37115	01/13/2019	\$20.00		
Madison Full Name of Contributor		10.110	Registration Number			
Turn varie of Commont.						
Erin Young Street Address						
	1 1	Dir / AFSCME	,	Form (Cash, Check, etc.) online portal		
282 Ashford Dr	State	Zip Code	Date	Amount		
City	OH	43082	01/11/2019	\$50.00		
Westerville Full Name of Contributor	Į On	73002	Registration Number			
Tail value of continuation						
James Oakley	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Street Address	RN / OSUWMC			online portal		
6135 Ballard Rd	State	Zip Code	Date	Amount		
City	OH	43830	01/10/2019	\$250.00		
Nashport Contributor	Iou	T -2020				
Full Name of Contributor Registration Number, if PAC						
Luke Gould	E1	/Occupation/Lab O	ranization*	Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization* Unemployed / Software Developer			online portal		
1928 Parkway Drive	1	Zip Code	Date	Amount		
City	State	l.	i	\$10.00		
Cleveland Heights	ОН	44118	01/09/2019			
Full Name of Contributor	and of Controllor			Registration Number, if PAC		
Mark Allison	T _F	*/Oan==** - /* 1	ganization*	Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*					
815 Eddystone Ave	IT Professional / OEA			online portal Amount		
City	State	Zip Code	Date	li .		
Columbus	ОН	43224	01/08/2019	\$50.00		
Full Name of Contributor Registration Number, if PAC						
Sarah Drinkard	T= -	10		Form (Carlo Charles and		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
542 Bowman Drive	Labor Relations Consultant / Ohio Education online portal Association					
City	State	Zip Code	Date	Amount		
Vont	OH	44240	01/08/2019	\$200.00		

Page Total: \$657.00

^{*} 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)]