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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				10D4 C	
Full Name of Contributor			Registration Number	Registration Number, if PAC	
Christopher Tiffany					
Street Address	1 ' '	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
342 S Huron ave	Manager York Risk Services			online portal	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43204	07/25/2019	\$15.00	
Full Name of Contributor			Registration Number	er, if PAC	
Schutz Nicholas					
Street Address	Employer/Occupation/Labor Organiz		Organization*	Form (Cash, Check, etc.)	
11271 Otsego St. #203	Library College of the Canyons		iyons	online portal	
City	State	Zip Code	Date	Amount	
Los Angeles	CA	91601	07/25/2019	\$11.00	
Full Name of Contributor			Registration Number	er, if PAC	
Michels Kathleen					
Street Address		er/Occupation/Labor (Organization*	Form (Cash, Check, etc.)	
239 Buttles Ave	not app			online portal	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43215	07/26/2019	\$120.00	
Full Name of Contributor			Registration Number	er, if PAC	
Knapp Kyle					
Street Address Employer/Occupation/Labor C			Organization*	Form (Cash, Check, etc.)	
254 S Monroe Ave Apt D	Graphic Designer OCALI			online portal	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43205	07/26/2019	\$56.00	
Full Name of Contributor			Registration Numb	er, if PAC	
Haidet Kyle	_				
Street Address				Form (Cash, Check, etc.)	
3592 Aaron Drive	Teacher Jefferson Local Schools		online portal		
City	State	Zip Code	Date	Amount	
Columbus	ОН	43228	07/27/2019	\$15.00	
Full Name of Contributor		. •	Registration Numb	er, if PAC	
Gehring Sarah		_			
Street Address Employer/Occupation/Labor Company Street Address			Organization*	Form (Cash, Check, etc.)	
637 Farragut Place Northeast	not applicable			online portal	
City	State	Zip Code	Date	Amount	
Washington	DC	20017	07/27/2019	\$5.00	
Full Name of Contributor			Registration Numb		
Humphrey Jake			L	·	
Street Address	Employ	er/Occupation/Labor	Organization*	Form (Cash, Check, etc.)	
416 E Maynard Ave	1 ' '	k Seventh Son Bre	=	online portal	
City	State	Zip Code	Date	Amount	
Columbus	OH	43202	07/28/2019	\$11.00	
Full Name of Contributor			Registration Numb		
Belle Deborah Street Address	Employ	/er/Occupation/Labor	Organization*	Form (Cash, Check, etc.)	
		plicable		online portal	
27 Myrtle Avenue	State	Zip Code	Date	Amount	
Cambridge	MA	2138	07/29/2019	\$56.00	

Page Total: \$289.00

^{*} 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)]