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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								
Full Name of Contributor			Registration Number, if PAC					
Zevallos Daniel								
Street Address	Employer/Occupation/Labor Organization*		rganization*	Form (Cash, Check, etc.)				
393 Crandall Dr.	Not Applicable			online portal				
City	State	Zip Code	Date	Amount				
Worthington	ОН	43085	05/28/2019	\$15.00				
Full Name of Contributor			Registration Number, i	f PAC				
Stone Phillip								
		r/Occupation/Labor O	rganization*	Form (Cash, Check, etc.)				
4653 Ralston St	Cardinal Health/ advisor			online portal				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43214	05/28/2019	\$35.00				
Full Name of Contributor	•	•	Registration Number, i	if PAC				
Hartford Mark								
Street Address	Employer/Occupation/Labor Organization*		rganization*	Form (Cash, Check, etc.)				
16790 connector rd				online portal				
City	State	Zip Code	Date	Amount				
Fredericktown	ОН	43019	05/25/2019	\$27.00				
Full Name of Contributor		•	Registration Number,	if PAC				
Langenhop Mary Lou								
Street Address	Employer/Occupation/Labor Organization*		rganization*	Form (Cash, Check, etc.)				
16790 Connector Rd	Not Applicable			online portal				
City	State	Zip Code	Date	Amount				
Fredericktown	ОН	43019	05/24/2019	\$100.00				
Full Name of Contributor	•	Registration Number,	if PAC					
Bulizak Adam								
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
178 E Longview Ave	Hondros College of Nursing/ high ed administration		online portal					
City	State	Zip Code	Date	Amount				
Columbus	ОН	43202	05/22/2019	\$24.80				
Full Name of Contributor	•		Registration Number,	if PAC				
Smith Alissa								
Street Address	Employe	oyer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
1057 Geers Ave	Not Applicable			online portal				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43206	05/20/2019	\$5.00				
Full Name of Contributor			Registration Number,	if PAC				
Evans L Bryan and Trudy								
Street Address	Employer/Occupation/Labor Orga		Organization*	Form (Cash, Check, etc.)				
		Afscme Council 57/ union rep		online portal				
City	State	Zip Code	Date	Amount				
Sacramento	CA	95835	05/14/2019	\$27.00				
Full Name of Contributor			Registration Number,	if PAC				
n Blake								
Street Address				Form (Cash, Check, etc.)				
666 S 9th St.	Taylor Strategy Partners/ Project Management			online portal				
City	State	Zip Code	Date	Amount				
Columbus	OH	43206	05/07/2019	\$100.00				

Page Total: \$333.80

<sup>\*</sup> 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)]