

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 Turcay			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* Not Applicable		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* Not Applicable		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)]