

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 Joseph Motil | | | Registration Number, if PAC | |
| Street Address 167 West Cooke Road | Employer/Occupation/Labor Organization* AECOM/Hunt / Construction Safety Manager | | Form (Cash, Check, etc.) online portal | |
| City Columbus | State OH | Zip Code 43214 | Date 03/14/2019 | Amount \$50.00 |
| Full Name of Contributor ISAAC GOBBLE | | | Registration Number, if PAC | |
| Street Address 243 Miller ave | Employer/Occupation/Labor Organization* UPS / Driver | | Form (Cash, Check, etc.) online portal | |
| City COLUMBUS | State OH | Zip Code 43205 | Date 03/13/2019 | Amount \$50.00 |
| Full Name of Contributor Nick Perry | | | Registration Number, if PAC | |
| Street Address 136 Fairdale Ave | Employer/Occupation/Labor Organization* Ups / Driver | | Form (Cash, Check, etc.) online portal | |
| City Westerville | State OH | Zip Code 43081 | Date 03/13/2019 | Amount \$27.00 |
| Full Name of Contributor Rosemary McCamish | | | Registration Number, if PAC | |
| Street Address 123 East Elm Street | Employer/Occupation/Labor Organization* Not Applicable | | Form (Cash, Check, etc.) online portal | |
| City Granville | State OH | Zip Code 43023 | Date 03/12/2019 | Amount \$50.00 |
| Full Name of Contributor Daria DeNoia | | | Registration Number, if PAC | |
| Street Address 694 S. Cassingham Rd | Employer/Occupation/Labor Organization* Ohio Education Association / Union staff | | Form (Cash, Check, etc.) online portal | |
| City Bexley | State OH | Zip Code 43209 | Date 03/10/2019 | Amount \$50.00 |
| Full Name of Contributor Loretta Raiford | | | Registration Number, if PAC | |
| Street Address 422 Reinhard Avenue | Employer/Occupation/Labor Organization* OhioHealth / Registered nurse | | Form (Cash, Check, etc.) online portal | |
| City Columbus | State OH | Zip Code 43206 | Date 03/10/2019 | Amount \$50.00 |
| Full Name of Contributor Jeffrey Abbe | | | Registration Number, if PAC | |
| Street Address PO BOX 486 | Employer/Occupation/Labor Organization* AFSCME / Organizer | | Form (Cash, Check, etc.) online portal | |
| City Harold | State KY | Zip Code 41635 | Date 03/10/2019 | Amount \$100.00 |
| Full Name of Contributor Brian Meyers | | | Registration Number, if PAC | |
| Street Address 138 Long Street | Employer/Occupation/Labor Organization* Central Ohio Transit Authority / Mechanic | | Form (Cash, Check, etc.) online portal | |
| City Ashville | State OH | Zip Code 43103 | Date 03/10/2019 | Amount \$50.00 |

* 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)]