

# 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 Laura Cleaveland			Registration Number, if PAC	
Street Address 365 Weaverville Hwy #8		Employer/Occupation/Labor Organization* BCS / social worker		Form (Cash, Check, etc.) online portal
City Asheville	State NC	Zip Code 28804	Date 03/30/2019	Amount \$24.80
Full Name of Contributor William Lyons			Registration Number, if PAC	
Street Address 245 Walhalla Road		Employer/Occupation/Labor Organization* Columbus State Community College / Instructor		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43202	Date 03/30/2019	Amount \$21.00
Full Name of Contributor Sarah Drinkard			Registration Number, if PAC	
Street Address 542 Bowman Drive		Employer/Occupation/Labor Organization* Ohio Education Association / Labor Relations Consultant		Form (Cash, Check, etc.) online portal
City Kent	State OH	Zip Code 44240	Date 03/30/2019	Amount \$50.00
Full Name of Contributor Jeanette Mauk			Registration Number, if PAC	
Street Address 500 South Front St Suite 700		Employer/Occupation/Labor Organization* Ohio AFL-CIO / Field Director		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43215	Date 03/30/2019	Amount \$100.00
Full Name of Contributor Rickey I Wilhelm			Registration Number, if PAC	
Street Address Stephen Drive West		Employer/Occupation/Labor Organization* Horton Ambulance / Laborer		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43204	Date 03/30/2019	Amount \$11.00
Full Name of Contributor Rosemary F. McCamish			Registration Number, if PAC	
Street Address 123 East Elm st Apt E		Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal
City Granville	State OH	Zip Code 43023	Date 03/30/2019	Amount \$27.00
Full Name of Contributor Phillip Stone			Registration Number, if PAC	
Street Address 4653 Ralston St		Employer/Occupation/Labor Organization* Cardinal Health / Advisor		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43214	Date 03/30/2019	Amount \$35.00
Full Name of Contributor Sharon Irby			Registration Number, if PAC	
Street Address 275 S. Hampton Rd		Employer/Occupation/Labor Organization* Centene / Administration		Form (Cash, Check, etc.) online portal
City Columbus	State OH	Zip Code 43213	Date 03/30/2019	Amount \$11.00

\* 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)]