

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Liliana Rivera Baiman</b>				
Full Name of Contributor <b>Scaglione Melissa</b>			Registration Number, if PAC	
Street Address <b>1043 Highland St.</b>	Employer/Occupation/Labor Organization* <b>AFL-CIO/ Campaign Director</b>		Form (Cash, Check, etc.) <b>online portal</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Date <b>04/29/2019</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Zevallos Daniel</b>			Registration Number, if PAC	
Street Address <b>393 Crandall Dr.</b>	Employer/Occupation/Labor Organization* <b>Not Applicable</b>		Form (Cash, Check, etc.) <b>online portal</b>	
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Date <b>04/28/2019</b>	Amount <b>\$15.00</b>
Full Name of Contributor <b>Stone Phillip</b>			Registration Number, if PAC	
Street Address <b>4653 Ralston St</b>	Employer/Occupation/Labor Organization* <b>Cardinal Health/ Advisor</b>		Form (Cash, Check, etc.) <b>online portal</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Date <b>04/28/2019</b>	Amount <b>\$35.00</b>
Full Name of Contributor <b>Waters Anita</b>			Registration Number, if PAC	
Street Address <b>148 N. Merkle Road</b>	Employer/Occupation/Labor Organization* <b>Not Applicable</b>		Form (Cash, Check, etc.) <b>online portal</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Date <b>04/26/2019</b>	Amount <b>\$27.00</b>
Full Name of Contributor <b>Bulizak Adam</b>			Registration Number, if PAC	
Street Address <b>178 E Longview Ave</b>	Employer/Occupation/Labor Organization* <b>Hondros College of Nursing/ higher ed administration</b>		Form (Cash, Check, etc.) <b>online portal</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	Date <b>04/22/2019</b>	Amount <b>\$24.80</b>
Full Name of Contributor <b>Ides Matt</b>			Registration Number, if PAC	
Street Address <b>474 Wyandotte Ave</b>	Employer/Occupation/Labor Organization* <b>Ohio Education Association, Uniserv Organizer</b>		Form (Cash, Check, etc.) <b>check</b>	
City <b>columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	Date <b>05/07/2019</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Wallace John</b>			Registration Number, if PAC	
Street Address <b>2170 Willowick</b>	Employer/Occupation/Labor Organization* <b>Not Applicable</b>		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>oh</b>	Zip Code <b>43229</b>	Date <b>05/31/2019</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>N/A</b>			Registration Number, if PAC <b>N/A</b>	
Street Address <b>N/A</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		Form (Cash, Check, etc.) <b>N/A</b>	
City <b>N/A</b>	State <b>N/A</b>	Zip Code <b>N/A</b>	Date <b>N/A</b>	Amount <b>\$0.00</b>

\* 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)]