

# 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)]