

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 Merisa K Bowers			Registration Number, if PAC	
Street Address 363 Higley Court	Employer/Occupation/Labor Organization* Self / Attorney		Form (Cash, Check, etc.) online portal	
City Gahanna	State OH	Zip Code 43230	Date 03/27/2019	Amount \$7.50
Full Name of Contributor Katherine Fye			Registration Number, if PAC	
Street Address 190 Tibet Rd	Employer/Occupation/Labor Organization* NA / SAHM		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/27/2019	Amount \$21.00
Full Name of Contributor Daniel Shoup			Registration Number, if PAC	
Street Address 6300 Bullard drive	Employer/Occupation/Labor Organization* AHC / archaeologist		Form (Cash, Check, etc.) online portal	
City Oakland	State CA	Zip Code 94611	Date 03/27/2019	Amount \$27.00
Full Name of Contributor Alexa Hanna			Registration Number, if PAC	
Street Address 295 Tappan Street Apt A	Employer/Occupation/Labor Organization* McDougald Research / Design Researcher		Form (Cash, Check, etc.) online portal	
City COLUMBUS	State OH	Zip Code 43201	Date 03/27/2019	Amount \$14.00
Full Name of Contributor Mary Lou Langenhop			Registration Number, if PAC	
Street Address 16790 Connector Rd	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Fredericktown	State OH	Zip Code 43019	Date 03/27/2019	Amount \$27.00
Full Name of Contributor Megan Biddinger			Registration Number, if PAC	
Street Address 3105 N Central Park Ave	Employer/Occupation/Labor Organization* Publicis Sapient / QA Manager		Form (Cash, Check, etc.) online portal	
City Chicago	State IL	Zip Code 60618	Date 03/27/2019	Amount \$24.80
Full Name of Contributor Michael R. Smalz			Registration Number, if PAC	
Street Address 1484 Belmont Avenue	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43201	Date 03/27/2019	Amount \$50.00
Full Name of Contributor Karyn Deibel			Registration Number, if PAC	
Street Address 166 West Como Ave.	Employer/Occupation/Labor Organization* self-employed / Trager Practitioner		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 03/27/2019	Amount \$35.00

* 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)]