

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 Lauren Squires			Registration Number, if PAC	
Street Address 474 Wyandotte Ave	Employer/Occupation/Labor Organization* Professor / Ohio State University		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 01/08/2019	Amount \$100.00
Full Name of Contributor Will Klatt			Registration Number, if PAC	
Street Address 80 E Lakeview	Employer/Occupation/Labor Organization* Union Organizer / Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43202	Date 01/08/2019	Amount \$1,000.00
Full Name of Contributor Catherine Bules			Registration Number, if PAC	
Street Address 147 W Acacia Ave	Employer/Occupation/Labor Organization* senior program manager / cleveland state universty		Form (Cash, Check, etc.) online portal	
City Glendale	State CA	Zip Code 91204	Date 01/08/2019	Amount \$5.00
Full Name of Contributor Erika S Zarowin			Registration Number, if PAC	
Street Address 1865 W 50th Street	Employer/Occupation/Labor Organization* Program Manager / bluebird bio		Form (Cash, Check, etc.) online portal	
City Cleveland	State OH	Zip Code 44102	Date 01/08/2019	Amount \$20.00
Full Name of Contributor Camilo Villa			Registration Number, if PAC	
Street Address 7402 Franklin Blvd.	Employer/Occupation/Labor Organization* organizer / SEIU Local 1		Form (Cash, Check, etc.) online portal	
City Cleveland	State OH	Zip Code 44102	Date 01/08/2019	Amount \$50.00
Full Name of Contributor Nora Kelley			Registration Number, if PAC	
Street Address 3410 West 148th Street	Employer/Occupation/Labor Organization* QDRO Consultants / lawyer		Form (Cash, Check, etc.) online portal	
City Cleveland	State OH	Zip Code 44111	Date 01/08/2019	Amount \$100.00
Full Name of Contributor Kathleen Edwards			Registration Number, if PAC	
Street Address 3188 Angela Dr	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) check	
City Grove ciy	State OH	Zip Code 43123	Date 01/11/2019	Amount \$100.00
Full Name of Contributor Michelle Baiman			Registration Number, if PAC	
Street Address 206 S humphrey ave	Employer/Occupation/Labor Organization* Seguin services Inc. / Quality Assurance Investigator		Form (Cash, Check, etc.) check	
City Oak Park	State IL	Zip Code 60302	Date 02/04/2019	Amount \$100.00

* 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)]