

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 Bill Quirk			Registration Number, if PAC	
Street Address 301 Northgate Dr Unit B	Employer/Occupation/Labor Organization* Labor organizer / UC-AFT		Form (Cash, Check, etc.) online portal	
City Goleta	State CA	Zip Code 93117	Date 01/25/2019	Amount \$27.00
Full Name of Contributor Laura Cleaveland			Registration Number, if PAC	
Street Address 365 Weaverville Rd. #8	Employer/Occupation/Labor Organization* social worker / BCS		Form (Cash, Check, etc.) online portal	
City Asheville	State NC	Zip Code 28804	Date 01/14/2019	Amount \$50.00
Full Name of Contributor Rachel Baiman			Registration Number, if PAC	
Street Address 1017 Falls Ave B	Employer/Occupation/Labor Organization* musician / self		Form (Cash, Check, etc.) online portal	
City Madison	State TN	Zip Code 37115	Date 01/13/2019	Amount \$20.00
Full Name of Contributor Erin Young			Registration Number, if PAC	
Street Address 282 Ashford Dr	Employer/Occupation/Labor Organization* Asst Reg Dir / AFSCME		Form (Cash, Check, etc.) online portal	
City Westerville	State OH	Zip Code 43082	Date 01/11/2019	Amount \$50.00
Full Name of Contributor James Oakley			Registration Number, if PAC	
Street Address 6135 Ballard Rd	Employer/Occupation/Labor Organization* RN / OSUWMC		Form (Cash, Check, etc.) online portal	
City Nashport	State OH	Zip Code 43830	Date 01/10/2019	Amount \$250.00
Full Name of Contributor Luke Gould			Registration Number, if PAC	
Street Address 1928 Parkway Drive	Employer/Occupation/Labor Organization* Unemployed / Software Developer		Form (Cash, Check, etc.) online portal	
City Cleveland Heights	State OH	Zip Code 44118	Date 01/09/2019	Amount \$10.00
Full Name of Contributor Mark Allison			Registration Number, if PAC	
Street Address 815 Eddystone Ave	Employer/Occupation/Labor Organization* IT Professional / OEA		Form (Cash, Check, etc.) online portal	
City Columbus	State OH	Zip Code 43224	Date 01/08/2019	Amount \$50.00
Full Name of Contributor Sarah Drinkard			Registration Number, if PAC	
Street Address 542 Bowman Drive	Employer/Occupation/Labor Organization* Labor Relations Consultant / Ohio Education Association		Form (Cash, Check, etc.) online portal	
City Kent	State OH	Zip Code 44240	Date 01/08/2019	Amount \$200.00

* 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)]