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## Statement of Expenditures Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Liliana Rivera Baiman							
To Whom Paid			Date	Amount			
OSU			09/24/2019	\$5.00			
Address	Purpose	2	07/24/2017	\$3.00			
1739 N High St,	parking						
City	State	Zip Code	Check Number				
Columbus	oh	43210	DEBT CARD				
To Whom Paid			Date	Amount			
OSU			09/19/2019	\$4.25			
Address	Purpose	:		Ψτ.Δ3			
1739 N High St,	parking	parking					
City	State	Zip Code	Check Number				
Columbus	oh	43210	DEBT CARD				
To Whom Paid			Date	Amount			
N/A			N/A	\$0.00			
Address	Purpose			Ψ0.00			
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date	Amount			
N/A		_	N/A	\$0.00			
Address	Purpose			Ψ0.00			
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date	Amount			
N/A			N/A	\$0.00			
Address	Purpose						
N/A	N/A	N/A					
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid		Date Amount					
N/A	N/A	\$0.00					
Address	Purpose						
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date	Amount			
N/A			N/A	\$0.00			
Address	Purpose						
N/A	N/A			_			
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid		Date	Amount				
N/A Address		N/A \$0.00					
		Purpose					
N/A		N/A					
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				

Page Total: \$9.25