

Statement of Expenditures

Prescribed by Secretary of State 2/01

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