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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			D. C. C. ST		
Wallace John			Registration Num	ber, if PAC	
Street Address	Employ	/er/Occumation/Lab.			
2170 Willowick		Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.)	
City	State	Zip Code		check	
Columbus	oh	43229	Date	Amount	
Full Name of Contributor	011	43229	05/31/2019	\$100.00	
N/A			Registration Num	ber, if PAC	
Street Address	Employ	Employer/Occurred R. J. O.			
N/A		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.)	
City	State	Zip Code		N/A	
N/A	1	1	Date	Amount	
Full Name of Contributor	N/A	N/A	N/A	\$0.00	
N/A		Registration Number, if PAC			
Street Address	T- :		N/A		
N/A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		N/A		N/A	
N/A	State	Zip Code	Date	Amount	
Full Name of Contributor	N/A	N/A	N/A	\$0.00	
J/A		Registration Number, if PAC			
			N/A		
N/A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		N/A		N/A	
N/A	State	Zip Code	Date	Amount	
	N/A	N/A	N/A	\$0.00	
Full Name of Contributor N/A	Registration Number	er, if PAC			
			N/A		
Street Address	Employe	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
N/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
all Name of Contributor		Registration Number, if PAC			
/A			N/A		
Street Address	Employe	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
V/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
all Name of Contributor		Registration Numbe			
<u>/A</u>			N/A		
treet Address	Employer	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
I/A	N/A	=		N/A	
ity	State	Zip Code	Date	Amount	
//A	N/A	N/A	N/A	\$0.00	
ull Name of Contributor			Registration Number		
<u>A</u>		N/A			
reet Address	Employer	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
/A	N/A			N/A	
ity	State	Zip Code	Date	Amount	
<u>/A</u>	N/A	N/A	N/A	\$0.00	

Page Total: \$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)]