

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Liliana Rivera Baiman				
Full Name of Contributor Alexandria Malesick			Registration Number, if PAC	
Street Address 1011 Euclaire Ave	Employer/Occupation/Labor Organization* Coordinator, Aerotek		Form (Cash, Check, etc.) cash	
City Bexley	State OH	Zip Code 43209	Date 09/07/2019	Amount \$10.00
Full Name of Contributor Susan Long			Registration Number, if PAC	
Street Address 386 E. 12th Ave	Employer/Occupation/Labor Organization* Clinical Lab Tech, Ohio State University James Hospital		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43201	Date 09/07/2019	Amount \$25.00
Full Name of Contributor Nicholas Becker			Registration Number, if PAC	
Street Address 200 Ophelia St.	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) cash	
City Pittsburgh	State PA	Zip Code 15213	Date 09/07/2019	Amount \$30.00
Full Name of Contributor David A. Kellough			Registration Number, if PAC	
Street Address 386 E. 12th Ave	Employer/Occupation/Labor Organization* Med Tech, Inspirata		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43201	Date 09/07/2019	Amount \$25.00
Full Name of Contributor Will Petrik			Registration Number, if PAC	
Street Address 2992 Bremen St	Employer/Occupation/Labor Organization* Budget Researcher, Policy Matters Ohio		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43224	Date 09/07/2019	Amount \$50.00
Full Name of Contributor Connie Vereide			Registration Number, if PAC	
Street Address 176 E. Jeffrey Pl.	Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43214	Date 09/07/2019	Amount \$10.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state Contributions from form No. 31-E and list the date of the event in the date column

Total contributions this event

Total expenditures this event