

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Friends of Liliana Rivera Baiman			Registration Number, if PAC	
Street Address 3188 Angela Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date 10/29/2019	Amount \$750.00
Full Name of Contributor Friends of Liliana Rivera Baiman			Registration Number, if PAC	
Street Address 3188 Angela Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date 10/29/2019	Amount \$500.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization*		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)]