

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 Casper Carolyn			Registration Number, if PAC	
Street Address 2545 NW Blvd	Employer/Occupation/Labor Organization* Upper Arlington Council Member		Form (Cash, Check, etc.) cash	
City Upper Arlington,	State OH	Zip Code 43221	Date 08/30/2019	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
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
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
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
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
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
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
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)]

Page Total: \$10.00