

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Liliana Rivera Baiman</b>				
Full Name of Contributor <b>Liliana Rivera Baiman</b>		Employer, Occupation, Labor Organization* <b>Central Ohio Worker Cente</b>		Registration Number, if PAC
Street Address <b>426 Reinhard Ave</b>		Description of Item or Service <b>Declaration of filing Fee</b>		M   D   Y   Fair Market Value <b>0   2   0   6   1   9   \$45.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Liliana Rivera Baiman</b>		Employer, Occupation, Labor Organization* <b>Central Ohio Worker Cente</b>		Registration Number, if PAC
Street Address <b>426 Reinhard Ave</b>		Description of Item or Service <b>Website Hosting</b>		M   D   Y   Fair Market Value <b>0   2   1   9   1   \$144.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Liliana Rivera Baiman</b>		Employer, Occupation, Labor Organization* <b>Central Ohio Worker Cente</b>		Registration Number, if PAC
Street Address <b>426 Reinhard Ave</b>		Description of Item or Service <b>Stamp and letterhead</b>		M   D   Y   Fair Market Value <b>0   2   2   7   1   \$52.95</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Lauren Squires</b>		Employer, Occupation, Labor Organization* <b>Professor, The Ohio Statet</b>		Registration Number, if PAC
Street Address <b>474 Wyandotte Ave</b>		Description of Item or Service <b>pizza</b>		M   D   Y   Fair Market Value <b>0   2   1   9   1   \$36.18</b>
City <b>columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]