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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			Registration Numb	Registration Number, if PAC		
NCRP						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1230 13th Street NW #716	Directo	Director of research		online portal		
City	State	Zip Code	Date	Amount		
Washingon	oh	20005	01/17/2020	\$25.00		
Full Name of Contributor		Registration Number, if PAC				
N/A			N/A	N/A		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
N/A	N/A	N/A		N/A		
City	State	Zip Code	Date	Amount		
N/A	N/A	N/A	N/A	\$0.00		
Full Name of Contributor			Registration Numb	tion Number, if PAC		
N/A	N/A		N/A			
Street Address	Employ	er/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		
Full Name of Contributor			Registration Numb	per, if PAC		
N/A	<u>N/A</u>					
Street Address	Employ	er/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		
Full Name of Contributor			Registration Numb	per, if PAC		
N/A			N/A			
Street Address	Employ	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		
Full Name of Contributor	all Name of Contributor Regis		Registration Numb	egistration Number, if PAC		
N/A	N/A		N/A	·		
Street Address	Employ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
N/A	N/A	N/A		N/A		
City	State	Zip Code	Date	Amount		
N/A	N/A	N/A	N/A	\$0.00		
Full Name of Contributor			Registration Num	per, if PAC		
N/A	N/A					
Street Address	Employ	er/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		
Full Name of Contributor		Registration Number	per, if PAC			
N/A						
Street Address	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		

Page Total: \$25.00

^{*} 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)]