

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 James Oakley			Registration Number, if PAC	
Street Address 6135 Ballard Rd		Employer/Occupation/Labor Organization* RN, Ohio State University Wexner Medical Center		Form (Cash, Check, etc.) cash
City Nashport	State OH	Zip Code 43830	Date 09/07/2019	Amount \$20.00
Full Name of Contributor Simone Wagner			Registration Number, if PAC	
Street Address 38 W. Tulan Rd		Employer/Occupation/Labor Organization* Court Liaison, State of Ohio		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	Date 09/07/2019	Amount \$20.00
Full Name of Contributor Kevin O'Donnell			Registration Number, if PAC	
Street Address 181 Canterbury Dr.		Employer/Occupation/Labor Organization* Organizer, Ohio Organizing Collab.		Form (Cash, Check, etc.) cash
City Dayton	State OH	Zip Code 45429	Date 09/07/2019	Amount \$20.00
Full Name of Contributor John Pendexter			Registration Number, if PAC	
Street Address 2586 Kensington Pl. E		Employer/Occupation/Labor Organization* self, Deep Lens		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43202	Date 09/07/2019	Amount \$25.00
Full Name of Contributor Randal Ott Espinoza			Registration Number, if PAC	
Street Address 1982 Drury Lane		Employer/Occupation/Labor Organization* Quality Control, Glehm Internet		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43235	Date 09/07/2019	Amount \$10.00
Full Name of Contributor Daniel Napsha			Registration Number, if PAC	
Street Address 350 Todd Farm Rd.		Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) cash
City Belle Vernon	State PA	Zip Code 15072	Date 09/07/2019	Amount \$10.00
Full Name of Contributor Mike Skoczlas			Registration Number, if PAC	
Street Address 1011 Euclaire Ave		Employer/Occupation/Labor Organization* Accountant, DFAS		Form (Cash, Check, etc.) cash
City Bexley	State OH	Zip Code 43209	Date 09/07/2019	Amount \$10.00

* 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