Event Date: 09/07/2019

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## **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			Registration Number	~ ifDAC
Amy Shaw Yevincy			Regionation France.	I, II FAC
Street Address	Employ	er/Occupation/Labor (	Organization*	Form (Cash, Check, etc.)
PO Box 710 507 Orchard Lane		Relations Consultan	cash	
City	State	Zip Code	Date	Amount
St. Clairsvillle	ОН	43950	09/07/2019	\$50.00
Full Name of Contributor			Registration Number	
Will Spohn				·
Street Address	Employe	er/Occupation/Labor (	Organization*	Form (Cash, Check, etc.)
5412 Edgewood Rd	Not Ap	plicable		cash
City	State	Zip Code	Date	Amount
Upper Arlinton	ОН	43220	09/07/2019	\$20.00
Full Name of Contributor	Registration Number,			
Ethan Young				<u></u>
Street Address	Employe	er/Occupation/Labor (	Organization*	Form (Cash, Check, etc.)
600 W. Goodale Apt 544			io Education Association	
City	State	Zip Code	Date	Amount
Columbus	ОН	43215	09/07/2019	\$40.00
Full Name of Contributor			Registration Number	r, if PAC
David Kramer				
Street Address	Employe	er/Occupation/Labor (	Organization*	Form (Cash, Check, etc.)
2007 Neil Ave #41-13	Not Applicable		cash	
City	State	Zip Code	Date	Amount
Columbus	ОН	43202	09/07/2019	\$140.00
Full Name of Contributor Registration Number,				r, if PAC
Hannah Halbert				
Street Address	Employe	er/Occupation/Labor C	Organization*	Form (Cash, Check, etc.)
4228 Scenic Dr.	Lawyer	/Poling Analyst, Po	olicy Matters Ohio	cash
City	State	Zip Code	Date	Amount
Columbus	ОН	43214	09/07/2019	\$100.00
Full Name of Contributor			Registration Number	r, if PAC
Neil Bhaerman				
Street Address	Employe	er/Occupation/Labor C	Organization*	Form (Cash, Check, etc.)
67 E. Ross St Apt. 4	Communications, Ohio Federation of Teachers			cash
City	State	Zip Code	Date	Amount
Columbus	ОН	43206	09/07/2019	\$20.00
Full Name of Contributor			Registration Number	r, if PAC
Alex Ameter				
Street Address	Employe	er/Occupation/Labor C	Organization*	Form (Cash, Check, etc.)
2470 N. High St., Apt C1	Not App			cash
City	State	Zip Code	Date	Amount
Columbus	LOH	12202	00/07/2010	620.00

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

<sup>\*</sup> 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.