



TYPE OF FILING: ☒ **NEW** ☐ **UPDATE**

COMMITTEE TYPE: ☒ **Candidate** ☐ **PAC** ☐ **PCE** ☐ **Political Party** ☐ **Legislative Campaign Fund**

If update, please check the appropriate reason(s):

☐ Change of Committee Name. Prior Name was: _____

☐ Change of Filing Location. Prior Location was: _____ New Location is: _____

☐ Change of Office Sought. Previous Office Sought: _____ New Office Sought: _____

☐ Change of Treasurer Info ☐ Designation or Change of Deputy Treasurer Info

☐ Change of address/phone/email for: ☐ Committee ☐ Treasurer ☐ Deputy Treasurer ☐ Candidate

☐ Other Please Explain: _____

All Committees

Full Name of Committee: **Friends of LILIANA RIVERA BAIMAN** PAC # (if Updated): _____

Street Address: **3188 Angela DR** City: **Grove City** State: **OH** Zip: **43123**

Telephone: **614-619-0904** Email: **KFAHY1@ATT.NET**

Treasurer: **KATHLEEN F. EDWARDS** Telephone: **614-619-0904** Email: **KFAHY1@ATT.NET**

Street Address: **3188 Angela DR** City: **Grove City** State: **OH** Zip: **43123**

Deputy Treasurer (if any): **William B. Klatz** Telephone: **614-9051109** Email: **Will.b.klatz@gmail.com**

Street Address: **80 E Lakeview** City: **Columbus** State: **OH** Zip: **43202**

Candidate Committees Only

Full Name of Candidate: **Liliana Rivera Baiman** Email: **Lilicastillo23@gmail.com**

Street Address: **426 Reinhard Ave** City: **Columbus** State: **OH** Zip: **43206**

Office Sought: **Columbus city council** Subdivision/District: **Columbus** Party Affiliation/Independent/Non-Partisan: **Non-Partisan** Election Year: **2019**

Political Action Committees Only

PAC is sponsored by:
☐ Labor Organization
☐ Corporation
☐ Not Sponsored

If Sponsored, Name the Sponsor: _____

Acronym Used (if any): _____

If Ballot Issue PAC, list issue: _____

Is this a Ballot Issue PAC
☐ Yes ☐ No

PACs and PCEs Only List any Affiliated PACs/PCEs: _____

Signature of Treasurer or Deputy Treasurer **01/02/2019** **Signature of Candidate if Candidate Committee** **01/01/2019**

Kathleen F. Edwards *Liliana Baiman*

Signature of Treasurer or Deputy Treasurer Date (MM/DD/YYYY) Signature of Candidate if Candidate Committee Date (MM/DD/YYYY)