In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full						· · · · · · · · · · · · · · · · · · ·	
Friends of Liliana Rivera Baiman							
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Liliana Rivera Baiman	Central Ohio Worker Cente						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
426 Reinhard Ave	Declaration of filing Fee		0 2	1	1 9	\$45.00	
City	Sta te	Zip Code	Receive	d at Fund	raising E	Event?	
Columbus	ОН	43206	OYE			NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registra	ition Nun	ber, if P	AC	
Liliana Rivera Baiman	Central Ohio Worker Cente		<u> </u>		1 22	•	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
426 Reinhard Ave	Website Ho		0 2 1 9 1 \$144.00 Received at Fundraising Event?				
City	State OH	Zip Code	1		_		
Columbus		43206 tion, Labor Organization*	OYE			NO	
Full Name of Contributor Liliana Rivera Baiman		Phio Worker Cente	Registration Number, if PAC				
Street Address	Description of Item		M	T D	ΓΥ	Fair Market Value	
426 Reinhard Ave	•		0 2 2 7 1 \$52.95				
City	Stamp and le	Zip Code	Received at Fundraising Event?				
Columbus	OH	43206	1		-		
Full Name of Contributor		tion, Labor Organization*	O YE	S tion Nun		NO AC	
Lauren Squires	l .	, The Ohio Statet					
Street Address	Description of Item or Service M D Y Fair Market Value						
474 Wyandotte Ave	pizza		0 2	1 9	1	\$36.18	
City	Sta te	Zip Code	Receive	d at Fund	raising E	vent?	
columbus	ОН	43202	OYE	S	<u> </u>		
Full Name of Contributor	Employer, Occupat	tion. Labor Organization*	Registra	tion Nun	iber, if Pa	AC.	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
		·····			حلبط		
City	Stal te OH	Zip Code		d at Fund	raising E	event?	
			Registration Number, if PAC				
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	ition Nun	iber, ii P	AC /	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
Cir.	Sta te	Zip Code	Receive	d at Func	raisino F	Event?	
City	OH	Zip Code	_		_	\	
Eull Name of Contributor	:	tion, Labor Organization*	Registra	S ition Nun		NO AC	
Full Name of Contributor	Employer, Occupa-	non, East Organization	, regions		,		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	Stal to	Zip Code	Receive	d at Fund	raising F	Svent?	
City	Stal te	Zip Code	1_		_		
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC						
					·		
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fune	iraising I	Event?	
	ОН		OYE	s	_ 0	NO	

Page Total \$278.13

^{*} 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)]