31	-J-1
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In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

ame of Committee in Full Friends of Liliana Rivera Baiman		
ull Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Liliana Rivera Baiman	Central Ohio Worker Cente	
treet Address	Description of Item or Service	M D Y Fair Market Value
426 Reinhard Ave		0 8 0 5 1 9 \$100.00
ity	Sta te Zip Code	Received at Fundraising Event?
Columbus	OH 43206	OYES O NO
all Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
III Name of Controller		
treet Address	Description of Item or Service	M D Y Fair Market Value
meet radioss		
City	Sta te Zip Code	Received at Fundraising Event?
	1,	O YES O NO
	Employer, Occupation, Labor Organization*	Registration Number, if PAC
ull Name of Contributor	Employer, Occupation, East, Organization	
	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of hem of service	
	State Tie Code	Received at Fundraising Event?
City	Sta te Zip Code	
		OYES O NO
ull Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
treet Address	Description of Item or Service	M D Y Fair Market Value
	pizza	
City	Sta te Zip Code	Received at Fundraising Event?
	43202	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
The state of Controller		
Street Address	Description of Item or Service	M D Y Fair Market Value
Street Address		
	Sta te Zip Code	Received at Fundraising Event?
City	OH Est	O YES O NO
	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization	
		M D Y Fair Market Value
Street Address	Description of Item or Service	
		D 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1
City	Sta te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
Distance and and		
City	Sta te Zip Code	Received at Fundraising Event?
City	OH	OYES O NO
E UNI COMPINIO	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Zampio, in, Southerness, Tables	
	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of Reili of Service	
		Received at Fundraising Event?
City	Sta te Zip Code	- -
I	OH	OYES O NO

Page Total \$100.00

^{*} 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)]