

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Liliana Rivera Baiman				
Full Name of Contributor Liliana Rivera Baiman		Employer, Occupation, Labor Organization* Central Ohio Worker Cente		Registration Number, if PAC
Street Address 426 Reinhard Ave		Description of Item or Service Declaration of filing Fee		M D Y Fair Market Value 0 2 0 6 1 9 \$45.00
City Columbus		Sta te OH	Zip Code 43206	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Lauren Squires		Employer, Occupation, Labor Organization* Professor, The Ohio Statet		Registration Number, if PAC
Street Address 474 Wyandotte Ave		Description of Item or Service Pizza		M D Y Fair Market Value 0 2 1 9 1 9 \$36.18
City columbus		Sta te OH	Zip Code 43202	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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
City		Sta te	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service pizza		M D Y Fair Market Value
City		Sta te	Zip Code 43202	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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
City		Sta te OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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
City		Sta te OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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
City		Sta te OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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
City		Sta te OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* 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)]