

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 Eliza Pendexter			Registration Number, if PAC	
Street Address 2586 Kensington Pl. E		Employer/Occupation/Labor Organization* Planner, City of Columbus		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43202	Date 09/07/2019	Amount \$20.00
Full Name of Contributor Joe Eickholt			Registration Number, if PAC	
Street Address 1159 Sells Ave		Employer/Occupation/Labor Organization* Day Laborer, self		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43212	Date 09/07/2019	Amount \$10.00
Full Name of Contributor Sigal Felber			Registration Number, if PAC	
Street Address PO Box 1329		Employer/Occupation/Labor Organization* Student/Work Study, Student/Work Study		Form (Cash, Check, etc.) cash
City Gambier	State OH	Zip Code 43022	Date 09/07/2019	Amount \$10.00
Full Name of Contributor Stuart McIntyre			Registration Number, if PAC	
Street Address 152 E. Pacemont		Employer/Occupation/Labor Organization* Labor Organizer, Ohio Federation of Teachers		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43202	Date 09/07/2019	Amount \$40.00
Full Name of Contributor Kathleen Knost			Registration Number, if PAC	
Street Address 1300 S. 4th St.		Employer/Occupation/Labor Organization* Not Applicable		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43206	Date 09/07/2019	Amount \$40.00
Full Name of Contributor Robert Handelman			Registration Number, if PAC	
Street Address 3100 Midgard		Employer/Occupation/Labor Organization* Lawyer, Self		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	Date 09/07/2019	Amount \$100.00
Full Name of Contributor Maureen Fahy			Registration Number, if PAC	
Street Address 3080 Fremont St.		Employer/Occupation/Labor Organization* Volunteer Coordinator, State of Ohio/Twin Valley		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43204	Date 09/07/2019	Amount \$100.00

* 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.

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

Total contributions this event

Total expenditures this event