

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Liliana Rivera Baiman				
To Whom Paid office max/DEPOT		Date 05/31/2019	Amount \$15.04	
Address 3826 Morse Rd		Purpose labels		
City columbus	State OH	Zip Code 43219	Check Number DEBT CARD	
To Whom Paid USPS		Date 06/04/2019	Amount \$55.00	
Address 50 twin riversdr		Purpose stamps		
City columbus	State oh	Zip Code 43216	Check Number DEBT CARD	
To Whom Paid N/A		Date N/A	Amount \$0.00	
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A		Date N/A	Amount \$0.00	
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A		Date N/A	Amount \$0.00	
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A		Date N/A	Amount \$0.00	
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A		Date N/A	Amount \$0.00	
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A		Date N/A	Amount \$0.00	
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	

Page Total: \$70.04