31-B	
R.C. 3517.10	

Ρ.	age:	

Statement of Expenditures Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Liliana Rivera Baiman						
To Whom Paid			Date	Amount		
office max/DEPOT			05/31/2019	\$15.04		
Address	Purpose					
3826 Morse Rd	labels					
City	State	Zip Code	Check Number			
columbus	ОН	43219	DEBT CARD			
To Whom Paid			Date	Amount		
USPS			06/04/2019	\$55.00		
Address	Purpose	Purpose				
50 twin riversdr	stamps					
City	State	Zip Code	Check Number			
columbus	oh	43216	DEBT CARD			
To Whom Paid			Date	Amount		
N/A			N/A	\$0.00		
Address	Purpose					
N/A	N/A	N/A				
City	State	Zip Code	Check Number			
N/A	N/A	N/A	N/A			
To Whom Paid			Date	Amount		
N/A			N/A	\$0.00		
Address	Purpose					
N/A	N/A					
City	State	Zip Code	Check Number			
N/A	N/A	N/A	N/A			
To Whom Paid			Date	Amount		
N/A			N/A	\$0.00		
Address	Purpose					
N/A	N/A					
City	State	Zip Code	Check Number			
N/A	N/A	N/A	N/A			
To Whom Paid			Date	Amount		
N/A		N/A \$0.00				
Address	Purpose					
N/A	N/A					
City	State	Zip Code	Check Number			
N/A	N/A	N/A	N/A			
To Whom Paid	ΙΝ/Λ	11772	Date	Amount		
N/A			N/A	\$0.00		
Address	Purpose		2.112.5			
N/A		N/A				
City	State	Zip Code	Check Number			
	N/A	N/A	N/A			
N/A	IN/A	DIA.	Date	Amount		
To Whom Paid			N/A	\$0.00		
N/A Address	Purnoca	Purpose \$0.00				
	l l	N/A				
N/A		Zip Code	Check Number			
City	State	1 '				
N/A	N/A	N/A	N/A			

Page Total: \$70.04