



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor Inga Skippings			Registration Number, if PAC	
Street Address 7203 Trescott Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Takoma Park	State MD	Zip Code 20912	Date (MM/DD/YYYY) 9-20-17	Amount 50.00
Full Name of Contributor Katherine Chipps			Registration Number, if PAC	
Street Address 4086 Fitzpatrick Blvd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 9-20-17	Amount 50.00
Full Name of Contributor Joseph Rettorf			Registration Number, if PAC	
Street Address 210 Tibet Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 9-21-17	Amount 50.00
Full Name of Contributor Kyle Strickland			Registration Number, if PAC	
Street Address 91 W. Starr Ave. Apt. F	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 9-21-17	Amount 50.00
Full Name of Contributor Dominic Mendiola			Registration Number, if PAC	
Street Address 1109 Challis Springs Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 9-21-17	Amount 50.00

*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)]