



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor John Polidori			Registration Number, if PAC	
Street Address 1100 Lovering Ave #908	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Wilmington	State DE	Zip Code 19806	Date (MM/DD/YYYY) 8-16-17	Amount 45.00
Full Name of Contributor Grant Williams			Registration Number, if PAC	
Street Address 500 Atlanta Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Webster Groves	State MO	Zip Code 63119	Date (MM/DD/YYYY) 8-16-17	Amount 50.00
Full Name of Contributor Anthony Traficanti			Registration Number, if PAC	
Street Address 2817 Poland Village Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Poland	State OH	Zip Code 44514	Date (MM/DD/YYYY) 8-17-17	Amount 100.00
Full Name of Contributor Thomas Lee			Registration Number, if PAC	
Street Address 2261 Indiana Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 8-17-17	Amount 25.00
Full Name of Contributor Debbie Callen-Fickes			Registration Number, if PAC	
Street Address 561 Pond Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City East Liverpool	State OH	Zip Code 43920	Date (MM/DD/YYYY) 8-20-17	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)]