OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Anthony Caldwell

To Whom Paid	Date (MM/DD/YYYY)	Amount
Anthony Caldwell	12/02/19	200.00

Street Address	Purpose
5112 Maple Valley Drive	Reimbursement for SWCS Ed Foundation

City	State	Zip Code	Check Number
Columbus	OH	43228	9005

To Whom Paid	Date (MM/DD/YYYY)	Amount
Anthony Caldwell	12/02/19	469.71

Street Address	Purpose
5112 Maple Valley Drive	Reimbursement for Door Hangers

City	State	Zip Code	Check Number
Columbus	OH	43228	9004

To Whom Paid	Date (MM/DD/YYYY)	Amount
Anthony Caldwell	12/02/19	1412.63

Street Address	Purpose
5112 Maple Valley Drive	Reimbursemeat for Facebook Ads

City	State	Zip Code	Check Number
Columbus	OH	43228	9002

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 2082.34