



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
Friends of Anthonal C	aldu).ell			
Full Name of Contributor	Registration Nur				er, if PAC
Michael Schadek					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1537 Guilford Road					Online
City	State	50.0 (11117)			Amount
Columbus	OH 🗷	43221	11/04	119	50.00
Full Name of Contributor				Registration Numb	er, if PAC
Robb Streicher					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
882 Francis Aue	Online				
City	State	Zip Code	Date (MM/DI	_	Amount
Bexley	OH 🗵	43209	10 31	2019	25,00
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code Date (MM/DD/YYYY)			Amount
Full Name of Contributor	F			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount

*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)]

Page Total	75.00
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