



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Anthony Caldwell				
To Whom Paid USPS		Date (MM/DD/YYYY) 11/6/17		Amount 117.60
Street Address Sullivant Ave		Purpose Postage		
City Galloway	State OH	Zip Code 43119	Check Number Debit Card	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 11/10/17		Amount 24.75
Street Address P.O. Box 630900		Purpose Service Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number N/A	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$

142.35