



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor Jill Harris			Registration Number, if PAC	
Street Address 376 Pacific Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Brooklyn	State NY	Zip Code 11217	Date (MM/DD/YYYY) 8-16-17	Amount 50.00
Full Name of Contributor Rocco Vadala			Registration Number, if PAC	
Street Address 6913 Wood Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Brookfield	State OH	Zip Code 44403	Date (MM/DD/YYYY) 8-16-17	Amount 25.00
Full Name of Contributor Mark Tyler Gawin Sr.			Registration Number, if PAC	
Street Address 3349 Lodwick Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Warren	State OH	Zip Code 44485	Date (MM/DD/YYYY) 8-16-17	Amount 25.00
Full Name of Contributor Capri S. Cafaro			Registration Number, if PAC	
Street Address 658 Warner Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Hubbard	State OH	Zip Code 44425	Date (MM/DD/YYYY) 8-16-17	Amount 100.00
Full Name of Contributor Stephen R. Backley			Registration Number, if PAC	
Street Address 2718 Iva Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Steubenville	State OH	Zip Code 43952	Date (MM/DD/YYYY) 8-16-17	Amount 20.00

*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)]

Page Total **220.00**