



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor Susan Taylor			Registration Number, if PAC	
Street Address 3761 Mt. Vernon Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45209	Date (MM/DD/YYYY) 8/16/17	Amount 25.00
Full Name of Contributor Joseph Daniels			Registration Number, if PAC	
Street Address 701 Snyder Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Chillicothe	State OH	Zip Code 45601	Date (MM/DD/YYYY) 9/13/17	Amount 100.00
Full Name of Contributor Nannette Whaley			Registration Number, if PAC	
Street Address 217 Wroe Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dayton	State OH	Zip Code 45406	Date (MM/DD/YYYY) 9/10/17	Amount 50.00
Full Name of Contributor Lisa Hetrick			Registration Number, if PAC	
Street Address 219 Portage Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Oak Harbor	State OH	Zip Code 43449	Date (MM/DD/YYYY) 8/30/17	Amount 50.00
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 9/21/17	Amount 100.00

*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)]