



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor Josh Norris			Registration Number, if PAC	
Street Address 100 Sluterbeck Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Arcanum	State OH	Zip Code 45304	Date (MM/DD/YYYY) 9/28/17	Amount 100.00
Full Name of Contributor Jordan Pomeranz			Registration Number, if PAC	
Street Address 2621 University R. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Washington	State DC	Zip Code 20009	Date (MM/DD/YYYY) 9/21/17	Amount 50.00
Full Name of Contributor Mary J. Ivan			Registration Number, if PAC	
Street Address 7414 Madison Walnut Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Ashville	State OH	Zip Code 43103	Date (MM/DD/YYYY) 9/26/17	Amount 100.00
Full Name of Contributor Donna O'Conner			Registration Number, if PAC	
Street Address 5065 Winchell Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/26/17	Amount 40.00
Full Name of Contributor John M. Moore / Toni Webb			Registration Number, if PAC	
Street Address 64 E. Kelso Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/21/17	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)]