JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Friends of Anthony Caldwell

Full Name of Contributor	Registration Number, if PAC			
Rebecca Riofrio				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
314 Carol St. Apt. 312				Online
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Washington	DC	20012	8/14/17	75.00

Full Name of Contributor	Registration Number, if PAC			
Beth Liston				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2193 Stratingham Dr				Online
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Dublin	OH	43016	8-14-17	100.00

Full Name of Contributor	Registration Number, if PAC			
Mary Jo Kilroy				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
3100 Midgard Road				Online
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbus	OH	43202	8-14-17	50.00

Full Name of Contributor	Registration Number, if PAC			
Jennifer Root				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
556 El Dorado Ave				Online
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Oakland	CA	94611	8-14-17	$100.00

Full Name of Contributor	Registration Number, if PAC			
Arych Alex				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1952 Harrisburg Pike				
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Grove City	OH	43123	8-14-17	25.00

*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 350.00