JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Anthony Caldwell

To Whom Paid	Date (MM/DD/YYYY)	Amount
USPS	10/20/17	215.60

Street Address	Purpose
850 Twin Rivers Drive	Postage

City	State	Zip Code	Check Number
Columbus	OH	43215	Debit Card

To Whom Paid	Date (MM/DD/YYYY)	Amount
USPS	10/24/17	49.00

Street Address	Purpose
Georgesville Road	Postage

City	State	Zip Code	Check Number
Columbus	OH	43228	Debit Card

To Whom Paid	Date (MM/DD/YYYY)	Amount
USPS	10/25/17	196.00

Street Address	Purpose
850 Twin Rivers	Postage

City	State	Zip Code	Check Number
Columbus	OH	43215	Debit Card

To Whom Paid	Date (MM/DD/YYYY)	Amount
USPS	10/31/17	49.00

Street Address	Purpose
Georgesville Road	Postage

City	State	Zip Code	Check Number
Columbus	OH	43228	Debit Card

To Whom Paid	Date (MM/DD/YYYY)	Amount
USPS	11/13/17	695.80

Street Address	Purpose
Georgesville Road	Postage

City	State	Zip Code	Check Number
Columbus	OH	43228	Debit

Page Total $ 1205.40