



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Anthony Caldwell						
				Registration Number, if PAC		
Friends of O'Connor						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
545 E. Town Street					Check	
City	State Zip Code Date (MM/DD/YYYY)			D/YYYY)	Amount	
Columbus	OH	43215	8-7-	- 19	100.00	
Full Name of Contributor	R			Registration Number, if PAC		
Citizens to Elect Alli	Son	Russo				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
SUS E. Town Street					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	OH -	43215	7-17	7-19	250.00	
Full Name of Contributor				Registration Number, if PAC		
Nancy Day-Achaver						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
5951 Luccis Ct	Minister) UMC				Check	
City	State Zip Code Date (MM/DD				Amount	
Columbus	OH 🛨	43228	8-8	3-19	25.00	
Full Name of Contributor				Registration Number, if PAC		
Ohio AFL-CIO PCE						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
500 S. Front Street					Check	
City	State	Zip Code	Date (MM/DI	DAYYY)	Amount	
Columbus	OH I	43215	7-2	5-19	250.00	
Full Name of Contributor					Registration Number, if PAC	
Colombus Franklin County AFL-CIO PCE						
Street Address	Employer/Occupation/Labor Organization*			-	Form (Cash, Check, etc.)	
1525 Alum Creek Drive					Check	
	State Zip Code Date (MM/DD/YYYY)			DYYYY)	Amount	
Columbus	OH 🔽	43209	8-6	,-19	250.00	

Page Total 875.00

^{*}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)]