

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Anthony Caldwell						
Full Name of Contributor Registration Nu					er, if PAC	
Anita Bronson						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
8245 St. Rt. 316W					on line	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Orient	ОН	43146	9-1	8-17	100.00	
Full Name of Contributor				Registration Number	er, if PAC	
Andrew Richards						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
5417 Kansas Ave NW	online					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Washing ton	SON DC	20009	9-2	0-17	25.00	
Full Name of Contributor	Registration Number, if PAC					
Michael Torner						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1180 E. Madison St.					online	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Eau Claire	#WI	54703	9-19	-17	(00.00	
Full Name of Contributor	Registration Nur				er, if PAC	
Greg Schultz						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2125 14# St. NW Apt. 315	Online					
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Washington	ØH DC	20009	9-Z	0-17	25.00	
Full Name of Contributor	Contributor Registration Num				er, if PAC	
Kathleen Policy						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7575 Chestnut Hills Drive					online	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Parma	ОН	44129	9-20-17 50.00		50.00	

Page Total	300.00
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^{*}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)]