



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee	· · · · · · · · · · · · · · · · · · ·			<del></del>	
Friends of Anthony	Cald	well			
Full Name of Contributor	Registration				er, if PAC
William P. DeMora					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
100 Warren Street					online
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
Columbus	ОН	43215	9-6-17		100.00
Full Name of Contributor	Registration N			Registration Number	er, if PAC
Casey W. Weinste	in				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
8 N. Westhaven Drive					online
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Hudson	ОН	44736	9-6-17		25.00
Name of Contributor Registration Number, if PAC					
Michael Ward					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1905 Deer Park Ave					Online
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Louisville	SH KY	40205	9-7-17		\$ 100.00
Full Name of Contributor	I -			Registration Number	er, if PAC
Damon Boughamer	_				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7508 Quiet Shade Lane	on line.				
City _	State	Zip Code	Date (MM/DD/YYYY)		Amount
Ellicott City	an mp	21043	9-19	5-17	50.00
Full Name of Contributor	Registratio			Registration Number	er, if PAC
Pierrette Talley					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
935 Parkside Blud		online			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Toledo	OH	43215	9-15-17		50.60

\*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)]