



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor DAVID BRODER DAVID BRODER			Registration Number, if PAC	
Street Address 9770 Oleander Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Vienna	State VA	Zip Code 22181	Date (MM/DD/YYYY) 9-28-17	Amount 100.00
Full Name of Contributor Sandy Theis			Registration Number, if PAC	
Street Address 433 E. Whittier Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 9-28-17	Amount 50.00
Full Name of Contributor Sandra Gonzales			Registration Number, if PAC	
Street Address 3947 W. 178th Street #A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Torrance	State CA	Zip Code 90504	Date (MM/DD/YYYY) 9-29-17	Amount 25.00
Full Name of Contributor Suzanne Ruecker			Registration Number, if PAC	
Street Address 424 Ave Way NE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Washington	State DC	Zip Code 20017	Date (MM/DD/YYYY) 10-3-17	Amount 100.00
Full Name of Contributor Bruce Colburn			Registration Number, if PAC	
Street Address 3095 North Fenwell Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Shorewood	State WI	Zip Code 53211	Date (MM/DD/YYYY) 10-3-17	Amount 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)]