



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor David Pepper			Registration Number, if PAC	
Street Address 7750 Graves Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Cincinnati	State OH	Zip Code 45243	Date (MM/DD/YYYY) 10/25/17	Amount 200
Full Name of Contributor Nina Schulman			Registration Number, if PAC	
Street Address 20 Terrace Walk		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Berkeley	State CA	Zip Code 94707	Date (MM/DD/YYYY) 10/31/17	Amount 100
Full Name of Contributor Friends of Michael Skindell			Registration Number, if PAC	
Street Address 16800 Delaware Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Lakewood	State OH	Zip Code 44107	Date (MM/DD/YYYY) 10/26/17	Amount 50.00
Full Name of Contributor Klien Committee			Registration Number, if PAC	
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/24/17	Amount 150.00
Full Name of Contributor Friends of Elizabeth Brown			Registration Number, if PAC	
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/18/17	Amount 250.00

*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)]