



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Anthony Caldwell						
Full Name of Contributor Registration Numb					er, if PAC	
Beth Liston						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2193 Stratingham Dr	State Rep/Physician			online		
City				Amount		
Dublin	OH	43016	5-3	-19	100	
Full Name of Contributor				Registration Numb	er, if PAC	
David Scott						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1196 Devonwood Road	SEIU			online		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Manfield	OH 🔻	44907	5-4	-19	25.00	
Full Name of Contributor	Registration Number, if PAC					
Will Robinson						
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1730 Rhode Iskud Ave NW	New	New Media Firm			online	
City	State Zip Code Date (MM/DD/YYYY)			Amount		
Washington	DC 🔽	20036	5-5	-19	100.00	
Full Name of Contributor	Registration Number, if PAC					
Robert Hagan						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
567 Madera Ave	Locomotive Engineer Online			Online		
City	State	Zip Code	Date (MM/DI		Amount	
Toungstown	olt 🔽	44504	5-29	1-19	100	
Full Name of Contributor	Registration Number, if P			er, if PAC		
Joe Rettof						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
210 Tibet Road	RT Advisors				online	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	OH -	43202	5-Z4	9-19	75	

Page Total	350.00

^{*}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)]