



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Anthony Caldwell				
Full Name of Contributor Joseph ReHof			Registration Number, if PAC	
Street Address 210 Tibet Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 8-15-17	Amount 25.00
Full Name of Contributor Sara Kilpatrick			Registration Number, if PAC	
Street Address 4295 Clark Shaw Road #5		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 8-15-17	Amount 25.00
Full Name of Contributor Richard Hahn			Registration Number, if PAC	
Street Address 778 Truesdale Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Youngstown	State OH	Zip Code 44511	Date (MM/DD/YYYY) 8-15-16 17	Amount 50.00
Full Name of Contributor Lina Bracero Kelly			Registration Number, if PAC	
Street Address 136 E. 36th Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City New York, NY	State NY	Zip Code 10016	Date (MM/DD/YYYY) 8-15-17	Amount 25.00
Full Name of Contributor Heather Stone			Registration Number, if PAC	
Street Address 1438 Florida Ave NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Washington	State DC	Zip Code 20009	Date (MM/DD/YYYY) 8-15-17	Amount 50.00

*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)]