



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Successful Schools Committee				
Full Name of Contributor Nationwide Mutual Insurance Company			Registration Number, if PAC	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07/27/2017	Amount 5,000.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio			Registration Number, if PAC PAC LA 1269	
Street Address 6805 Oak Creek Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 07/27/2017	Amount 5,000.00
Full Name of Contributor Corna-Kokosing			Registration Number, if PAC	
Street Address 6235 Westerville Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 09/11/2017	Amount 250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]