



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Our Community Our Schools				
Full Name of Contributor Diana Sparks (Shirt Sale)			Registration Number, if PAC	
Street Address 41 Pinebrooke Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 10/05/2019	Amount 10.00
Full Name of Contributor Farres Moidu (Shirt Sale)			Registration Number, if PAC	
Street Address 491 Pinebrooke Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 10/05/2019	Amount 10.00
Full Name of Contributor Tom Lynch (Shirt Sale)			Registration Number, if PAC	
Street Address 643 Hickory View		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/05/2019	Amount 10.00
Full Name of Contributor Anonymous			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City	State	Zip Code	Date (MM/DD/YYYY) 10/05/2019	Amount 10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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)]