



**Contributions from a Corporation or Labor Organization  
Supporting or Opposing a Ballot Issue**

Form 30-B-1  
ORC 3599.03

2018 NOV 27 AM 8:12

|  |  |                   |             |  |
|--|--|-------------------|-------------|--|
| Name of Corporation or Labor Organization<br>Medical Mutual of Ohio  |  |                   |             |  |
| Street Address<br>2060 East Ninth St.  |  | City<br>Cleveland | State<br>OH | Zip<br>44115                               |
| <b>Type of Report:</b><br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Pre-Special <input type="checkbox"/> Annual<br><input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Post-General <input type="checkbox"/> Post-Special <input type="checkbox"/> Semiannual |  |                   |             | Year<br><div></div><br>Year<br><div></div> |
| Election Date (MM/DD/YYYY)<br>11/6/2018  |  |                   |             |  |



|   |  |                  |                                  |                                 |                   |
|---|--|------------------|----------------------------------|---------------------------------|-------------------|
| Receiving Committee<br>Worthington Community for Schools                          |  |                  |                                  | Date (MM/DD/YYYY)<br>10/30/2018 |                   |
| Street Address<br>1294 Terrace Park Dr.   |  | City<br>Columbus | State<br>OH                      | Zip<br>43235                    | Amount<br>\$2,000 |
| Ballot Issue Description/Ballot Issue Number<br>Worthington City Schools tax levy |  |                  | Cash/Check/Item/Service<br>Check |                                 |                   |

|  |  |      |                         |                   |        |
|--|--|------|-------------------------|-------------------|--------|
| Receiving Committee                          |  |      |                         | Date (MM/DD/YYYY) |        |
| Street Address                               |  | City | State                   | Zip               | Amount |
| Ballot Issue Description/Ballot Issue Number |  |      | Cash/Check/Item/Service |                   |        |

|  |  |      |                         |                   |        |
|--|--|------|-------------------------|-------------------|--------|
| Receiving Committee                          |  |      |                         | Date (MM/DD/YYYY) |        |
| Street Address                               |  | City | State                   | Zip               | Amount |
| Ballot Issue Description/Ballot Issue Number |  |      | Cash/Check/Item/Service |                   |        |

|  |  |      |                         |                   |        |
|--|--|------|-------------------------|-------------------|--------|
| Receiving Committee                          |  |      |                         | Date (MM/DD/YYYY) |        |
| Street Address                               |  | City | State                   | Zip               | Amount |
| Ballot Issue Description/Ballot Issue Number |  |      | Cash/Check/Item/Service |                   |        |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature of Authorized Representative

11/15/2018

Date (MM/DD/YYYY)

Gregory Young, DPM

Print Name and Title