



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Our Community Our Schools				
Full Name of Contributor First Commonwealth Bank			Registration Number, if PAC	
Street Address 200 S. Civic Center Dr. Ste 825		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit - Paypal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/22/2019	Amount 1000.00
Full Name of Contributor Medical Mutual			Registration Number, if PAC	
Street Address 2160 East Ninth St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cleveland	State OH	Zip Code 44115	Date (MM/DD/YYYY) 10/24/2019	Amount 2500.00
Full Name of Contributor Proformance Fields and Landscape, LLC, Bob Nichols			Registration Number, if PAC	
Street Address 233 Hamilton Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 11/5/2019	Amount 1000.00
Full Name of Contributor Westerville Special Needs PTA			Registration Number, if PAC	
Street Address 930 Eastwind Drive, Ste 200		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 11/5/2019	Amount 200.00
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)]