



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

Form 30-B-1  
ORC 3599.03

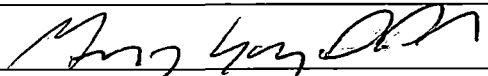
2019 JAN 28 11:10:42

Name of Corporation or Labor Organization Medical Mutual of Ohio			
Street Address 2060 East Ninth St.	City Cleveland	State OH	Zip 44115
<b>Type of Report:</b> <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Pre-Special <input type="checkbox"/> Annual <input type="checkbox"/> Post-Primary <input type="checkbox"/> Post-General <input type="checkbox"/> Post-Special <input type="checkbox"/> Semiannual		Year 2019	Election Date (MM/DD/YYYY) 11/05/2019
		Year	

**Contribution Information**

Receiving Committee Our Community, Our Schools			Date (MM/DD/YYYY) 10/22/2019	
Street Address 119 N. Vine St.	City Westerville	State OH	Zip 43091	Amount \$2,500
Ballot Issue Description/Ballot Issue Number School Levy for Westerville City Schools		Cash/Check/Item/Service 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

01/10/2020

Date (MM/DD/YYYY)

Gregory G Young, DPM

Print Name and Title