



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee										
Our Community Our Schools										
Full Name of Contributor	er, if PAC									
Bob Gibson										
Street Address	Employer/Occupation/Labor Organization*									
299 Ashford Dr				Charge						
City	State	Zip Code Date (MM/DD/YYYY)			Amount					
Westerville	ОН	43082		06/25/2109	50.00					
Full Name of Contributor				Registration Numb	er, if PAC					
Nicole Marshall			:							
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)							
7288 Lee Rd			charge							
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount					
Westerville	ОН	43081		06/25/2019	200.00					
Full Name of Contributor		Registration Num			er, if PAC					
Bradley Payne, LLC, John B. Payne										
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
171 Mountclair Ave					check					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount					
Circleville	ОН	43113	06/27/2019		1000.00					
Full Name of Contributor	Regi			Registration Number	egistration Number, if PAC					
Street Address	Employer	Occupation/Labor O	Form (Cash, Check, etc.)							
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount					
				:						
Full Name of Contributor	Registration Num			er, if PAC						
Street Address	Employer	Occupation/Labor O	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)]

Page	Total	1,250		