



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Our Community Our Schools				
Full Name of Contributor N/A			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor N/A			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor Nancy McFarland			Registration Number, if PAC	
Street Address 59 College Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 07/02/2019	Amount 10000.00
Full Name of Contributor Stifel, Nicolaus & Co., Inc.			Registration Number, if PAC	
Street Address 250 S. High St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 7/22/2019	Amount 5000.00

*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)]