



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

Form 30-B-1

ORC 3599.03

2019 MAR 27 PM 1:30

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|--|-------------------|---|--|
| Name of Corporation or Labor Organization Medical Mutual of Ohio | | | |
| Street Address 2060 East Ninth St. | City Cleveland | State OH | Zip 44115 |
| Type of Report: <input checked="" type="checkbox"/> Pre-Primary <input 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 <input type="text" value="2019"/> Year <input type="text"/> | Election Date (MM/DD/YYYY) <input type="text" value="05/07/2019"/> |

| | | | | |
|--|----------------------|----------------------------------|--------------|---------------------------------|
| Receiving Committee Citizens for Financial Responsibility and Strong Schools | | | | Date (MM/DD/YYYY) 02/27/2019 |
| Street Address 84 Charwood Road | City Reynoldsburg | State OH | Zip 43068 | Amount \$10,000 |
| Ballot Issue Description/Ballot Issue Number Levy for Licking Heights Local Schools | | Cash/Check/Item/Service Check | | |

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

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|--|------|-------------------------|-----|-------------------|
| Receiving Committee | | | | Date (MM/DD/YYYY) |
| Street Address | City | State | Zip | Amount |
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|--|------|-------------------------|-----|-------------------|
| 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.**

Gregory G Young DPM
Signature of Authorized Representative

3/11/2019
Date (MM/DD/YYYY)

Gregory G Young, DPM
Print Name and Title