



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor VIRGINIA HARRIS			Registration Number, if PAC	
Street Address donginharri@aim.com		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City	State OH	Zip Code	Date (MM/DD/YYYY) 09/17/2017	Amount \$100.00
Full Name of Contributor JOHN CUMMING			Registration Number, if PAC	
Street Address 307 SOUTHBROOK DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City DAYTON	State OH	Zip Code 45553	Date (MM/DD/YYYY) 10/01/2017	Amount \$25.00
Full Name of Contributor JODY OATES			Registration Number, if PAC	
Street Address joates10@gmail.com		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City	State OH	Zip Code	Date (MM/DD/YYYY) 10/03/2017	Amount \$25.00
Full Name of Contributor AMY BIRTCHER			Registration Number, if PAC	
Street Address abirtcher@gmail.com		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City	State OH	Zip Code	Date (MM/DD/YYYY) 10/13/2017	Amount \$25.00
Full Name of Contributor STONEWALL DEMOCRATS OF CENTRAL OHIO			Registration Number, if PAC	
Street Address 340 E FULTON ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43315	Date (MM/DD/YYYY) 10/10/2017	Amount \$25.00

*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)]