



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
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) 06/05/2017	Amount 25
Full Name of Contributor GAIL CUMMING			Registration Number, if PAC	
Street Address 6913 MCCLELLAN ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City WELLINGTON	State CO	Zip Code 80549	Date (MM/DD/YYYY) 06/05/2017	Amount 50
Full Name of Contributor SHANE GRUBER			Registration Number, if PAC	
Street Address 855 PUDDINGTON CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/10/2017	Amount 75
Full Name of Contributor MICHAEL KOVALIK			Registration Number, if PAC	
Street Address 736 POINT VIEW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/10/2017	Amount \$50.00
Full Name of Contributor ED HELVEY			Registration Number, if PAC	
Street Address 410 ASHFORD DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/10/2017	Amount \$35.00

*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)]