



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor DORIS MAHAFFEY			Registration Number, if PAC	
Street Address 560 WOODVIEW RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/22/2017	Amount \$25.00
Full Name of Contributor LORI KEYSER			Registration Number, if PAC	
Street Address 116 S HEMPSTEAD RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/23/2017	Amount \$25.00
Full Name of Contributor JENNIFER VISALLI			Registration Number, if PAC	
Street Address 570 S SPRING RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/21/2017	Amount \$50.00
Full Name of Contributor MICHAEL MUKAVETZ			Registration Number, if PAC	
Street Address 151 CHEROKEE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/17/2017	Amount \$50.00
Full Name of Contributor ANONYMOUS CONTRIBUTOR			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/15/2017	Amount \$20.00

*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)]