

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee							
COMMITTEE TO ELECT VALERIE CUMMING							
Full Name of Contributor Registration Numb					er, if PAC		
CHERYL ROTHSTEIN							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
donginharri@aim.com				EFT			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
	ОН			08/18/2017	\$100.00		
Full Name of Contributor				Registration Number	er, if PAC		
TOM MARSHALL-GOETZ							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
307 SOUTHBROOK DRIVE	EF				EFT		
City	State	Zip Code	Date (MM/Di	DYYYY)	Amount		
DAYTON	ОН	45553		08/20/2017	\$25.00		
Full Name of Contributor Registration Numb					er, if PAC		
KRISTEN BUCKLEY							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
babbott 001@columbus.rr.com	EFT			EFT			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
	ОН			08/24/2017	\$25.00		
Full Name of Contributor Registration N				Registration Number	er, if PAC		
JOHN CUMMING							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
bgrooms 8@gmail.com	EFT						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
	ОН			08/28/2017	\$25.00		
Full Name of Contributor	Registration Numb			er, if PAC			
THOMAS MARSHALL-GOETZ							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
forward4ever@outlook.com	EFT						
City	State	Zip Code	ode Date (MM/DD/YYYY) Amount \$25.00				
	ОН				\$25.00		
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Page Total	200

<sup>\*</sup>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)]