



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor COLEEN SMITH			Registration Number, if PAC	
Street Address 1028 TALL TREE 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 \$50.00
Full Name of Contributor VINCEN TO LUBERTO			Registration Number, if PAC	
Street Address 387 DELAWARE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WELLINGTON	State CO	Zip Code 80549	Date (MM/DD/YYYY) 06/10/2017	Amount \$25.00
Full Name of Contributor WILLIAM WOOD			Registration Number, if PAC	
Street Address 763 AUTUMN BRANCH RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/10/2017	Amount \$100.00
Full Name of Contributor JOHN SCHMARR			Registration Number, if PAC	
Street Address 6299 LAKE TRAIL RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/10/2017	Amount \$100.00
Full Name of Contributor BENJAMIN DEWEY			Registration Number, if PAC	
Street Address 396 LIBERTY LANE		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

\*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)]