



# 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 THOMAS COCHRANE			Registration Number, if PAC	
Street Address 4878 SMOKETALK LN		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code	Date (MM/DD/YYYY) 09/24/2017	Amount 60.00
Full Name of Contributor JOHN CUMMING			Registration Number, if PAC	
Street Address 307 SOUTHBROOK DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DAYTON	State OH	Zip Code 45553	Date (MM/DD/YYYY) 09/20/2017	Amount 500.00
Full Name of Contributor KLEIN HEATING AND COOLING LLC			Registration Number, if PAC	
Street Address 520 STATE ST STE 255		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code	Date (MM/DD/YYYY) 09/08/2017	Amount 50.00
Full Name of Contributor JOHN GATISS			Registration Number, if PAC	
Street Address 293 CROSS WIND LOOP		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code	Date (MM/DD/YYYY) 09/24/2017	Amount 50.00
Full Name of Contributor VINO MEZA			Registration Number, if PAC	
Street Address 48 N STATE ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43315	Date (MM/DD/YYYY) 09/28/2017	Amount 165.00

\*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)]