



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor HEATHER SLIEMERS			Registration Number, if PAC	
Street Address 2745 WILDWOOD RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43201	Date (MM/DD/YYYY) 08/22/2017	Amount \$100.00
Full Name of Contributor DENISE OCKERMAN			Registration Number, if PAC	
Street Address 657 CONCORD CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City DAYTON	State OH	Zip Code 45553	Date (MM/DD/YYYY) 08/23/2017	Amount \$50.00
Full Name of Contributor JEFFREY HAUFF			Registration Number, if PAC	
Street Address 3440 FOX RUN RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/21/2017	Amount \$50.00
Full Name of Contributor MEREDITH HEALY			Registration Number, if PAC	
Street Address 2710 FAIRFAX DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/17/2017	Amount \$30.00
Full Name of Contributor ANN MORAHAN			Registration Number, if PAC	
Street Address 1032 BLUE SAIL DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/15/2017	Amount \$100.00

*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)]