



**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 DAVID MARTIN			Registration Number, if PAC	
Street Address 28 NICOLE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 04/05/2017	Amount 75
Full Name of Contributor GAIL MESSMER			Registration Number, if PAC	
Street Address 2939 PLEASANT COLONY DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City LEWIS CENTER	State OH	Zip Code 43015	Date (MM/DD/YYYY) 04/13/2017	Amount \$25.00
Full Name of Contributor IAN 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) 04/26/2017	Amount 100
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) 04/26/2017	Amount 100
Full Name of Contributor RAY YORIZZO			Registration Number, if PAC	
Street Address 461 Buckstone Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/05/2017	Amount 100

\*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)]