



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor ANONYMOUS CONTRIBUTOR			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/25/2017	Amount \$20.00
Full Name of Contributor ANONYMOUS CONTRIBUTOR			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/25/2017	Amount \$20.00
Full Name of Contributor ANONYMOUS CONTRIBUTOR			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/25/2017	Amount \$20.00
Full Name of Contributor DELORES FORGE			Registration Number, if PAC	
Street Address 2565 PISCES CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City DUBLIN	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/09/2017	Amount 15
Full Name of Contributor MARA CASTRICONE			Registration Number, if PAC	
Street Address 4119 KARL RD #305		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City COLUMBUS	State OH	Zip Code 43219	Date (MM/DD/YYYY) 10/09/2017	Amount 5

*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)]