



# 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 MATT MCCLURE			Registration Number, if PAC	
Street Address 991 AUTUMN WOODS DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/09/2017	Amount \$20.00
Full Name of Contributor CRAIG YOUNG			Registration Number, if PAC	
Street Address 765 COLLINGWOOD DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/09/2017	Amount \$50.00
Full Name of Contributor MOLLY O'NEIL			Registration Number, if PAC	
Street Address mollyoneil4@gmail.com	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT	
City	State OH	Zip Code	Date (MM/DD/YYYY) 06/09/2017	Amount \$200.00
Full Name of Contributor JOHN CUMMING			Registration Number, if PAC	
Street Address 307 SOUTHBROOK DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT	
City DAYTON	State OH	Zip Code 45553	Date (MM/DD/YYYY) 06/21/2017	Amount \$20.00
Full Name of Contributor JOHN CUMMING			Registration Number, if PAC	
Street Address 307 SOUTHBROOK DRIVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) EFT	
City DAYTON	State OH	Zip Code 45553	Date (MM/DD/YYYY) 07/06/2017	Amount \$20.00

\*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)]