



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee	· ,-	111,			
COMMITTEE TO ELECT VALERIE CUMMIN	G				
Full Name of Contributor Registration Nu				Registration Numb	er, if PAC
ALEX HECKMAN					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
913 LAKEWAY CT E	ŀ		CHECK		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
WESTERVILLE	ОН	43081	06/15/2017		33.33
Full Name of Contributor	<u></u>	<u>. </u>	<u>, t</u>	Registration Number	er, if PAC
STEVE WAGNER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6982 HOUSEKEEPER RD			CASH		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
PEMBERVILLE	ОН	43450	07/16/2017		100
Full Name of Contributor	ne of Contributor Registration Number				er, if PAC
EE PETERS					
Street Address Employer/Occupation/			ganization*		Form (Cash, Check, etc.)
					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
WESTERVILLE	ОН	43081	07/16/2017		33
Full Name of Contributor Registration Number					er, if PAC
TROY DOUCET					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
700 STONEHENGE PARKWAY					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
DUBLIN	ОН	43017		07/16/2017	100
Full Name of Contributor Registration Number					er, if PAC
MARJORIE MUNGER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1317 GEMSTONE SQ E			CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
WESTERVILLE	ОН	43081		07/16/2017	\$50.00

^{*}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)]