



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor BRENDA CLARK			Registration Number, if PAC	
Street Address 540 WESTBURY WOODS CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 07/16/2017	Amount \$50.00
Full Name of Contributor JOHN CUMMING			Registration Number, if PAC	
Street Address 307 SOUTHBROOK DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City DAYTON	State OH	Zip Code 45553	Date (MM/DD/YYYY) 07/16/2017	Amount \$500.00
Full Name of Contributor CRAIG ZIMMERS			Registration Number, if PAC	
Street Address 8864 NAIRN CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/10/2017	Amount \$25.00
Full Name of Contributor CHRISTOPHER ORTMAN			Registration Number, if PAC	
Street Address 6037 LAMBRIGHT ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/05/2017	Amount \$30.00
Full Name of Contributor ALEX HECKMAN			Registration Number, if PAC	
Street Address 913 LAKEWAY CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/24/2017	Amount \$240.00

*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)]