



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING				
Full Name of Contributor PAM BENTLEY			Registration Number, if PAC	
Street Address 21 E MITHOFF		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City COLUMBUS	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/05/2017	Amount 45.00
Full Name of Contributor JOHN BOWEN			Registration Number, if PAC	
Street Address 149 KEETHLER DR N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City DAYTON	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/05/2017	Amount 20.00
Full Name of Contributor HENRY BELL			Registration Number, if PAC	
Street Address 1213 OAK BLUFF CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/18/2017	Amount 25.00
Full Name of Contributor SHIRLEY THEIS			Registration Number, if PAC	
Street Address 975 AQUAMARINE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GULF BREEZE	State FL	Zip Code 32563	Date (MM/DD/YYYY) 09/04/2017	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]