



## **Statement of Contributions Received**

Form 31-A ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT VALERIE CUMMING					
Full Name of Contributor				Registration Number, if PAC	
VALERIE CUMMING					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
819 SPRING ST					CASH
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
WESTERVILLE	ОН	43081	04/02/2017		10
Full Name of Contributor Registration Number					er, if PAC
AURA SHADY					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4134 Harlem Rd	CHECK				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
GALENA	ОН	43021	04/02/2017		20
Full Name of Contributor Registration Number					er, if PAC
LISA PAELTZ					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
38 S SPRING RD					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
WESTERVILLE	ОН	43081	04/02/2017		100
Full Name of Contributor Registration Number					er, if PAC
TOM VUKOVIC					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
115 FLINTWOOD DR	СНЕСК				CHECK
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
MARIETTA	ОН	45450		04/02/2017	25
Full Name of Contributor Registration Number					er, if PAC
JOE VUKOVIC					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
18 Peterson Ct				CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
TROY	ОН	45750	04/02/2017 1		100

<sup>\*</sup>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)]