Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Upchurch, Harkins, and Vaile for Change								
Full Name of Contributor Joyce Ice					Registration Number, if PAC			
Street Address 3091 Walden Ravines	Employer/Occupation/Labor Organization*			-			Form (Cash, Check, etc.) check	
City Columbus	OH [1	Zip Code 43221	0 2	1 3	1 7	Amount \$50.00	
Full Name of Contributor John Dragani					Registration Number, if PAC			
Street Address 405 Glenmont Ave	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City Columbus	State OH		Zip Code 43214	0 ^M 3	1 2	1 Y	Amount \$100.00	
Full Name of Contributor Registration Number, if I Shelton Spencer						mber, if P	AC	
Street Address 2751 Brittany Oaks Blvd	Employer/Oco	cupation	on/Labor Organization*				Form (Cash, Check, etc.)	
City Columbus	State OH		Zip Code	0 ^M 3	2 1	1 7	Amount \$75.00	
Full Name of Contributor Paul Feeney Registration Number, if PAC								
Street Address 158 Buttles Ave	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Check	
City Columbus	State OH.		Zip Code 43216	0 ^M 3	2 1	1 7	Amount \$500.00	
Full Name of Contributor A Registration Number, if PAC Jason Loudner								
Street Address 5436 Briarbank Dr	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check		
City Columbus	State OH		Zip Code 4323 5	0 ^M 3	2 ^D 1	1 Y	Amount \$50.00	
Full Name of Contributor Aggregate of Contributions \$25 or less Street Address Street Address From (Cash Check etc.)								
Street Address 10	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State OH		Zip Code	p M 4	i Z	1 7	Amount 45-00	
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC							AC	
Street Address 1591 Stade Ave.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Columbis	State OH		2ip Code 43214	p 3	D C	Y 1 7	Amount 50.00	
Full Name of Contributor Stephanie Groce Registration Number, if PAC								
Stephanie Groce Street Address 4985 Denbigh Ct.		·	on/Labor Organization*				Form (Cash, Check, etc.)	
Columb 5	State OH		Zip Code	0 3	25	1 7	Amount 300.00	

Page Total \$1 190.00

^{*} 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)]