

# FOR PAPER FILING ONLY

## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Erin Upchurch</b>					
Full Name of Contributor <b>Lisa McClymont</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address		Description of Item or Service <b>graphic design</b>		M: <input type="text"/> D: <input type="text"/> Y: <input type="text"/>	Fair Market Value
City		State <input type="text"/> Zip Code	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Full Name of Contributor <b>Yes We Can</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address <b>370 E Morrill Ave</b>		Description of Item or Service <b>printing</b>		M: <input type="text"/> D: <input type="text"/> Y: <input type="text"/>	Fair Market Value
City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Full Name of Contributor <b>Yes We Can</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address <b>370 E Morrill Ave</b>		Description of Item or Service <b>printing</b>		M: <input type="text"/> D: <input type="text"/> Y: <input type="text"/>	Fair Market Value
City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	x YES <input type="checkbox"/> NO <input type="checkbox"/>		
Full Name of Contributor <b>Yes We Can</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address <b>370 E Morrill Ave</b>		Description of Item or Service <b>printing</b>		M: <input type="text"/> D: <input type="text"/> Y: <input type="text"/>	Fair Market Value
City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Full Name of Contributor <b>Yes We Can</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
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City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Full Name of Contributor <b>Yes We Can</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address <b>370 E Morrill Ave</b>		Description of Item or Service <b>printing</b>		M: <input type="text"/> D: <input type="text"/> Y: <input type="text"/>	Fair Market Value
City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Full Name of Contributor <b>Yes We Can</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address <b>370 E Morrill Ave</b>		Description of Item or Service <b>printing</b>		M: <input type="text"/> D: <input type="text"/> Y: <input type="text"/>	Fair Market Value
City <b>Columbus</b>		State <input type="text"/> Zip Code <b>43207</b>	Received at Fundraising Event?		
		O <input type="text"/> H <input type="text"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

\* 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 appear. [R.C. 3517.10(B)(4)]