

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 Denise O'Leary						Registration Number, if PAC					
Street Address 982 Meeklynn Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH	Zip Code		M 0	D 3	Y 2	Y 5	Y 1	Y 7	Amount \$50.00
Full Name of Contributor Erik Harden						Registration Number, if PAC					
Street Address 85 E. Selby Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Worthington		State OH	Zip Code 43085		M 0	D 3	Y 2	Y 5	Y 1	Y 7	Amount \$80.00
Full Name of Contributor Susan Ly						Registration Number, if PAC					
Street Address 850 Greenridge Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH	Zip Code		M 0	D 3	Y 2	Y 5	Y 1	Y 7	Amount \$50.00
Full Name of Contributor Dina Maiorana						Registration Number, if PAC					
Street Address 3745 Olentangy Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH	Zip Code 43214		M 0	D 3	Y 2	Y 5	Y 1	Y 7	Amount \$30.00
Full Name of Contributor Dianne Thress						Registration Number, if PAC					
Street Address 1162 Rockport Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH	Zip Code 43235		M 0	D 4	Y 1	Y 2	Y 1	Y 7	Amount \$50.00
Full Name of Contributor Aggregate of contributions \$25 or less						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) various					
City		State OH	Zip Code		M 0	D 4	Y 1	Y 2	Y 1	Y 7	Amount 430.00
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City		State OH	Zip Code		M	D	Y	Y	Y	Y	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)]

Page Total **\$690.00**