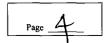
Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Upchurch, Harkins, and Vaile for Change				
Full Name of Contributor Registration Number, if PAC Denise O'Leary				
Street Address 982 Meeklynn Drive	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code	M D Y 0 3 2 5 1 7	Amount \$50.00
Full Name of Contributor Registration Number, if PAC Erik Harden				
Street Address 85 E. Selby Blvd	Employer/Occupation/Labor Organization		<u> </u>	Form (Cash, Check, etc.)
City Worthington	State OH	Zip Code 43085	0 3 2 5 1 7	Amount \$80.00
Full Name of Contributor Registration Number, if PA Susan Ly				AC .
Street Address 850 Greenridge Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
^{City} Columbus	State OH	Zip Code	$\begin{bmatrix} 0 & 3 & 2 & 5 & 1 \end{bmatrix}$	Amount \$50.00
Full Name of Contributor Pegistration Number, if PAC Dina Maiorana				
Street Address 3745 Olentangy Blvd	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	0 3 2 5 1 7	Amount \$30.00
Full Name of Contributor Registration Number, if PAC Dianne Thress				
Street Address 1162 Rockport Ln	Employer/Occupation/Labor Organization*		· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
^{City} Columbus	State OH	Zip Code 43235	0 4 1 2 1 7	Amount \$50.00
Full Name of Contributor Aggregate of Contributors \$25 or less Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	M 0 4 1 2 1 7	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	Amount
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupat	ion/Labor Organization*	-	Form (Cash, Check, etc.)
City	State OH	Zip Code	MDY	Amount

Page Total \$ 490.00

^{*} 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)]