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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Upchurch, Harkins, and Vaile for Change					_		
Full Name of Contributor				Registration Number, if PAC			
Evans Spencer							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
4216 Northpointe Dr	<u> </u>					check	
City	State	Zip Code	M	D	Y	Amount	
Zanesville	$O \mid H$	43701	0 4	2 7	1 7	50.00	
Full Name of Contributor According to the Contributor Registration Number, if PAC Street Address Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (Ex- Form (AC	
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
						Eventbrite	
City	State	Zip Code	м 014	28	Y7	Amount 80,00	
Full Name of Contributor Registration Number, if P						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
ly. Susan@yahoo, com					Eventlorite		
City	State	Zip Code	М	D	Y	Amount	
	<u></u>		04	26	\Box	930.00	
Full Name of Contributor Frik Harden			Registra	tion Num	ber, if PA	AC	
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address erikharden@yahoo.c.	dm .		_			Eventbrite	
City	State	Zip Code	M	D	Y	Amount	
_	1		04	28		60,00	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Cit.	State	Zip Code	Т м	l D	Y	Amount	
City	State	Zip Code	.**		l i		
Full Name of Contributor			Registra	tion Num	ber if P	AC .	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Ì	1 '					<u> </u>	
Full Name of Contributor Registration Number, if P						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Cin	State	Zip Code	М	D	Y	Amount	
City	State						
Full Name of Contributor Registration Number, if P						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	Ctata	Zip Code	М	D	Y	Amount	
City	State	Esp Code	IVI				

Page Total \$ 270.00

^{*} 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 appear [R.C. 3517.10(B)(4)]