

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Upchurch, Harkins, and Vaile for Change</b>										
Full Name of Contributor <b>Jeffrey Runkle</b>						Registration Number, if PAC				
Street Address <b>214 Rathbone Ave</b>			Employer/Occupation/Labor Organization* <b>IT Sales, Presidio</b>				Form (Cash, Check, etc.) <b>online</b>			
City <b>Columbus</b>			State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43214</b>		M <b>0</b>	D <b>3</b>	Y <b>1 5 1 7</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Clark Deringer</b>						Registration Number, if PAC				
Street Address <b>3034 Woodbine Pl</b>			Employer/Occupation/Labor Organization* <b>Firefighter, Department of Defense</b>				Form (Cash, Check, etc.) <b>online</b>			
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43202</b>		M <b>0</b>	D <b>3</b>	Y <b>1 5 1 7</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Brian Ludwig</b>						Registration Number, if PAC				
Street Address <b>476 Chase Rd</b>			Employer/Occupation/Labor Organization* <b>System Administrator, Ohio Health</b>				Form (Cash, Check, etc.) <b>online</b>			
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43214</b>		M <b>0</b>	D <b>3</b>	Y <b>1 5 1 7</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Ed Forman</b>						Registration Number, if PAC				
Street Address <b>2653 Glen Echo Dr</b>			Employer/Occupation/Labor Organization* <b>Attorney, Marshall and Forman</b>				Form (Cash, Check, etc.) <b>online</b>			
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43202</b>		M <b>0</b>	D <b>4</b>	Y <b>1 0 1 7</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State <b>OH</b>		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State <b>OH</b>		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State <b>OH</b>		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State <b>OH</b>		Zip Code		M	D	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 **\$250.00**