

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Upchurch, Harkins, and Vaile for Change				
Full Name of Contributor Abby Vaile	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address 433 Fairlawn Dr	Description of Item or Service food/event expenses	M 0	D 3	Y 2
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Fair Market Value \$87.12	
Received at Fundraising Event?		<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor Abby Vaile	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address 433 Fairlawn Dr	Description of Item or Service card/button supplies	M 0	D 4	Y 0
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Fair Market Value \$21.49	
Received at Fundraising Event?		<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor Yes We Can	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address 370 E Morrill Ave	Description of Item or Service literature printing	M 0	D 2	Y 2
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43207	Fair Market Value \$227.85	
Received at Fundraising Event?		<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State OH <input checked="" type="checkbox"/>	Zip Code	Fair Market Value	
Received at Fundraising Event?		<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State OH <input checked="" type="checkbox"/>	Zip Code	Fair Market Value	
Received at Fundraising Event?		<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State OH <input checked="" type="checkbox"/>	Zip Code	Fair Market Value	
Received at Fundraising Event?		<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State OH <input checked="" type="checkbox"/>	Zip Code	Fair Market Value	
Received at Fundraising Event?		<input type="radio"/> YES <input checked="" type="radio"/> NO		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]