

31-E

R.C. 3517.10(B)

Event Date 2/10/17Page 1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Upchurch, Harkins, and Vaile for Change				
Full Name of Contributor Mark Allison			Registration Number, if PAC	
Street Address 815 Eddystone Ave	Employer/Occupation/Labor Organization*		M: <u>0</u> D: <u>2</u> Y: <u>1017</u>	Amount 30.00
City Columbus	State O	Zip Code H 43224	Form(Cash,Check,etc) Cash	
Full Name of Contributor Joan Krause			Registration Number, if PAC	
Street Address 164 Chase Rrd	Employer/Occupation/Labor Organization*		M: <u>0</u> D: <u>2</u> Y: <u>1017</u>	Amount 30.00
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) cash	
Full Name of Contributor LeeAnn McBride			Registration Number, if PAC	
Street Address 35 Franklin Park W	Employer/Occupation/Labor Organization*		M: <u>0</u> D: <u>2</u> Y: <u>1017</u>	Amount 40.00
City Columbus	State O	Zip Code H 43205	Form(Cash,Check,etc) cash	
Full Name of Contributor aggregate of contributions received \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M: <u>0</u> D: <u>2</u> Y: <u>1017</u>	Amount 210.00
City	State	Zip Code	Form(Cash,Check,etc) cash & check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M: D: Y:	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M: D: Y:	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M: D: Y:	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

310.00

Total expenditures this event

90.00

Page Total \$ 310.00