

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 Rick Neal					Registration Number, if PAC		
Street Address 982 Jaeger St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Columbus	State O	H H	Zip Code 43206	M 0	D 4	Y 0117	Amount 50.00
Full Name of Contributor Danielle Smith					Registration Number, if PAC		
Street Address 36 E Beaumont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Columbus	State O	H H	Zip Code 43214	M 0	D 4	Y 0317	Amount 100.00
Full Name of Contributor Aggregate of donations \$25 or less					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) various		
City	State	H	Zip Code	M	D	Y	Amount 85.00
Full Name of Contributor Evan Robinson					Registration Number, if PAC		
Street Address 142 Dakota Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Columbus	State O	H H	Zip Code 43222	M 0	D 4	Y 1417	Amount 100.00
Full Name of Contributor Angela Lopez					Registration Number, if PAC		
Street Address 643 Spring Valley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Lewis Center	State O	H H	Zip Code 43035	M 0	D 4	Y 3017	Amount 100.00
Full Name of Contributor Jennifer Dillard					Registration Number, if PAC		
Street Address 898 Chelsea Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Bexley	State O	H H	Zip Code 43209	M 0	D 5	Y 0317	Amount 50.00
Full Name of Contributor Raphael Davis-Williams					Registration Number, if PAC		
Street Address 1188 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CrowdPac donation		
City Columbus	State O	H H	Zip Code 43211	M 0	D 4	Y 1917	Amount 100.00
Full Name of Contributor Mary Davis					Registration Number, if PAC		
Street Address 509 Village Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43214	M 0	D 4	Y 1417	Amount 100.00

* 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)]