## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Nome of Committee in East					
Name of Committee in Full Upchurch, Harkins, and Vaile for	Change				
Full Name of Contributor Aggregate of donations under \$2	25		Registration Number, if F	'AC	
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) online	
City	State OH	Zip Code	M D Y 0 4 1 0 1 7	Amount \$356.52	
Full Name of Contributor			Registration Number, if P	AC	
Suzanne Dirck Street Address					
651 Redwood Lane	Employer/Occupa	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City	State				
Lewis Center	ОН	43035	030317	Amount \$50.00	
Full Name of Contributor Lea Keiffer				PAC	
Street Address 151 Arcadia	Legal Assi	Employer/Occupation/Labor Organization* Legal Assistant, Alden Law		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43202	0 3 0 6 1 7	Amount \$100.00	
Full Name of Contributor Chris Kolb			Registration Number, if P	AC	
Street Address	, · · ·	ation/Labor Organization*		Form (Cash, Check, etc.)	
2947 NE 54th Ave	Analyst, R	Analyst, Ruby Receptionist		online	
Portland	OR 🔽	Zip Code 97213	0 3 0 9 1 7	Amount \$50.00	
Full Name of Contributor Carol Somers			Registration Number, if P.	AC	
Street Address 19475 S Stevens Rd		Employer/Occupation/Labor Organization* Community Engagement Officer, Mid Mich		Form (Cash, Check, etc.) online	
City Henderson	State MI	Zip Code 48841	0 3 1 4 1 7	Amount \$50.00	
Full Name of Contributor  Jennifer Ault			Registration Number, if P.	AC	
Street Address 16017 W 84th Terrace	Book Edito	ation/Labor Organization* or, self employed		Form (Cash, Check, etc.) online	
City Lenexa	State KS <b>▼</b>	Zip Code 66219	0 3 1 4 1 7	Amount \$50.00	
Full Name of Contributor Ashley Martin	hley Martin		Registration Number, if P.	Registration Number, if PAC	
Street Address 222 N 20th St	Administra	Employer/Occupation/Labor Organization* Administrator, DSW		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43203	0 3 1 4 1 7	Amount \$50.00	
Full Name of Contributor William Stevens			Registration Number, if P	Form (Cash, Check, etc.)	
Street Address 1620 E Broad St Unit 1405		Employer/Occupation/Labor Organization* HR Director, Community Care Alliance			
<sup>City</sup> Columbus	OH 🔽	Zip Code 43203	0 3 1 5 1 7	Amount \$50.00	

Page Total \$756.52

<sup>\*</sup> 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)]