

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Upchurch, Harkins, and Vaile for Change							
Full Name of Contributor Mary Polter					Registration Number, if PAC		
Street Address 3664 Pleasant Hill Rd.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) online		
City Marion	State OH	Zip Code 43302	M 0	D 2	Y 2	Amount \$46.02	
Full Name of Contributor Melissa Duncan					Registration Number, if PAC		
Street Address 2100 Oregon Street		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) online		
City Orlando	State FL <input checked="" type="checkbox"/>	Zip Code 43302	M 0	D 2	Y 2	Amount \$184.91	
Full Name of Contributor Rob Braithwaite					Registration Number, if PAC		
Street Address 7176 Pebble Way Ct.		Employer/Occupation/Labor Organization* Courier, Self-Employed			Form (Cash, Check, etc.) online		
City Columbus	State OH	Zip Code 43235	M 0	D 2	Y 2	Amount \$46.02	
Full Name of Contributor Linda Asher					Registration Number, if PAC		
Street Address 5474 Ponderosa Dr		Employer/Occupation/Labor Organization* Patient Services, UC Health			Form (Cash, Check, etc.) online		
City Fairfield	State OH	Zip Code 45014	M 0	D 2	Y 2	Amount \$92.32	
Full Name of Contributor Chad Williams					Registration Number, if PAC		
Street Address 2482 Medary Ave		Employer/Occupation/Labor Organization* Software Engineer, Safelite Auto			Form (Cash, Check, etc.) online		
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43202	M 0	D 2	Y 2	Amount \$46.02	
Full Name of Contributor Rebekah Manofsky					Registration Number, if PAC		
Street Address 7733 Silver Springs Ct.		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) online		
City Canal Winchester	State OH	Zip Code 43110	M 0	D 2	Y 2	Amount \$46.02	
Full Name of Contributor Lisa O'Keefe					Registration Number, if PAC		
Street Address 6456 N Bosworth Ave Unit 2A		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) online		
City Chicago	State IL <input checked="" type="checkbox"/>	Zip Code 60626	M 0	D 2	Y 2	Amount \$50.00	
Full Name of Contributor Leanne Lawry					Registration Number, if PAC		
Street Address 2516 Willetts Ct Apt 2A		Employer/Occupation/Labor Organization* Marketing, Deloitte			Form (Cash, Check, etc.) online		
City Chicago	State IL <input checked="" type="checkbox"/>	Zip Code 60647	M 0	D 3	Y 0	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$611.31**