

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 Carry over from 31-E dated 02/10/17							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash and check			
City			State OH		Zip Code		M 0	D 2	Y 1 0 1 7	Amount \$310.00
Full Name of Contributor Carry over from 31-E dated 03/27/17							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State OH		Zip Code		M 0	D 3	Y 2 7 1 7	Amount \$380.00
Full Name of Contributor Micheolle Smith							Registration Number, if PAC			
Street Address 4571 Stewart Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43214		M 0	D 4	Y 0 1 1 7	Amount \$30.00
Full Name of Contributor Molly Hoffman							Registration Number, if PAC			
Street Address 3250 Allen Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Dublin			State OH		Zip Code 43017		M 0	D 4	Y 0 1 1 7	Amount \$30.00
Full Name of Contributor Cory Mehaffey							Registration Number, if PAC			
Street Address 433 Fairlawn Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash			
City Columbus			State OH		Zip Code 43214		M 0	D 4	Y 0 1 1 7	Amount \$100.00
Full Name of Contributor J. Tyler Mehaffey							Registration Number, if PAC			
Street Address 433 Fairlawn Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash			
City Columbus			State OH		Zip Code 43214		M 0	D 4	Y 0 1 1 7	Amount \$100.00
Full Name of Contributor Rich Gore							Registration Number, if PAC			
Street Address 43 Brickel			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43215		M 0	D 4	Y 0 1 1 7	Amount \$50.00
Full Name of Contributor Suzanne Roberts							Registration Number, if PAC			
Street Address 200 Wilson Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) MasterCard/AB			
City Columbus			State OH		Zip Code 43205		M 0	D 2	Y 2 8 1 7	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 **\$1,100.00**