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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

F									
Name of Committee in Full Upchurch, Harkins, and Vaile for Change									
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Yes We Can Columbus	Employer, Occupation, Labor Organization				registration number, it i AC				
Street Address	Description of Item or Service				D	Y	Fair Market Value		
370 E. Morrill Ave.	Mailers			0_4	2 4	1 7	1,481.74		
City	State Zip Code				Received at Fundraising Event?				
Columbus	O H 43207				YES X NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Yes We Can Columbus				 					
Street Address	Description of Item or Service			м 0 4	D	Y	Fair Market Value		
370 E. Morrill Ave.	State Zip Code				2 6				
City Columbus	State	Received at Fundraising Event?							
Columbus Full Name of Contributor		43207	YES X NO Registration Number, if PAC						
Pair Name of Commontor	Employer, O Social Worker Registration					on Number, if PAC			
Street Address	Description	of Ite	m or Service	М	D	Y	Fair Market Value		
							L		
City	State		Zip Code	Receive	d at Fund	Iraising	Event?		
				YES X NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Street Address	Description of Item or Service				D	Y	Fair Market Value		
City	State Zip Code			Received at Fundraising Event?					
		_		In	YES	1 :01	x NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
City	State	Π	Zip Code	Received at Fundraising Event? YES X NO					
Full Name of Contributor	Employer, C	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description	of Ite	m or Service	М	D	Y	Fair Market Value		
	<u> </u>			_نــــــــــــــــــــــــــــــــــــ					
City	State		Zip Code	Receive	d at Fund	lraising			
<u> </u>		_	<u></u>		YES		χ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
	<u>L</u>						<u> </u>		
City	State	Γ	Zip Code	Receive	d at Fund	draising			
				YES x NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
City	State Zip Code			Received at Fundraising Event?					
				1					
			<u> </u>		YES		x NO		

^{*} 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)]