

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Erin Upchurch									
Full Name of Contributor Melissa Alexander						Registration Number, if PAC			
Street Address 4646 Winterset Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue		
City Columbus	State O	H H	Zip Code 43220	M 1	D 0	Y 2	Y 3	Y 1	Y 7
						Amount 35.00			
Full Name of Contributor Karla Rothan						Registration Number, if PAC			
Street Address PO Box 163516			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue		
City Columbus	State O	H H	Zip Code 43216	M 1	D 1	Y 0	Y 3	Y 1	Y 7
						Amount 100.00			
Full Name of Contributor Joette Weber						Registration Number, if PAC			
Street Address 14270 Coolville Ridge Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue		
City Athens	State O	H H	Zip Code 45701	M 1	D 1	Y 0	Y 4	Y 1	Y 7
						Amount 27.00			
Full Name of Contributor Linda Thompson						Registration Number, if PAC			
Street Address 5129 Sansom Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43220	M 1	D 0	Y 2	Y 5	Y 1	Y 7
						Amount 25.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Y	Y	Y
						Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Y	Y	Y
						Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Y	Y	Y
						Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Y	Y	Y
						Amount			

* 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)]

Page Total \$ 187.00