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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

				110	escribed b	y occicia	19 01 31					
Full Name of Committee												
Committee to Elect	Erin Up	chur	ch									
From Whom Received								Prior Amount			Amt. Incurred this Period	
Merisa K. Bowers							0.00			105.00		
Address												Outstanding Balance
400 S. 5th St. Suite 1	01, Coli	ımbu	s, OH	43215	5							105.00
City Columbus		Zip Cod 4321		Loans Received This Period  Date Amount						Dat		nents This Period Amount
Date Loan was originally	M	D	ΙΥ	М	D	Y	S		M	I D	ΙΥ	Is
Incurred	0 6	1	1 7	0 6	1 9	1 7	ľ	105.00		~	-	0.0
Registration Number, if PAC	10.0	1 - /	1 - /	М	D	Y	1	100.00	М	D	Y	0.0
Employer/Occupation/Labor Organization	on*			M	D	Y			M	D	Y	
self/attorney				<u> </u>								
From Whom Received Prior Amount									Amt. Incurred this Period			
Erin Upchurch										0.00	44.03	
Address												Outstanding Balance
5099 Sansom Court												44.03
City	State	Zip Cod		Loa	ns Receiv	ed This	Period		Payments This Period			
Columbus	OH	4322	0		Date			Amount		Dat	e	Amount
Date Loan was originally	М	D	Y	M:	D	Y	\$		М	D	Y	\$
Incurred	0 6	1 5	1 7	0 6	1 5	1 7		22.54				
Registration Number, if PAC				M	D	Y			М	D	Y	
				0   6	1 5	1 7	1	21.49	l	]		
Employer/Occupation/Labor Organization	on*			M	D	Y			М	D	Y	
From Whom Received Prior Amo							nount		Amt. Incurred this Period			
Address												Outstanding Balance
City	State	Zip Cod	e	Loans Received This Period						Paym	ents This Period	
					Date			Amount		Dat	e	Amount
Date Loan was originally	M	D	Y	M	D	Y	\$		M	D	Y	\$
Incurred										<u> </u>	<u></u>	
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			M	D	Y		
				<u></u>			<u>L</u>			<u> </u>	<u> </u>	
* Required for contributions over \$100 t	to statewide a	nd gener	al assembly	y candidat	es. If cont	ributor is	self-em	ployed, occupation and	i the nam	e of the in	dividual's	business,

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 2)	31-A-2)
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No.	30-A)

1	Total prior amount \$	0.00	
2	Total received this period \$	149.03	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	149.03	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)