

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Erin Upchurch											
From Whom Received Merisa K. Bowers						Prior Amount 105.00		Amt. Incurred this Period 0.00			
Address 363 Higley Court								Outstanding Balance 0.00			
City Gahanna		State OH		Zip Code 43230		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred						M		D		Y	
0 6 1 9 1 7						0 8 0 1 1 7				105.00	
Registration Number, if PAC						M		D		Y	
Employer/Occupation Labor Organization*						M		D		Y	
Self/Attorney/Merisa K Bowers Attorney at Law											
From Whom Received Erin Upchurch						Prior Amount 44.03		Amt. Incurred this Period 0.00			
Address 5099 Sansom Ct.								Outstanding Balance 44.03			
City Columbus		State OH		Zip Code 43220		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred						M		D		Y	
0 6 1 5 1 7						0.00				0.00	
Registration Number, if PAC						M		D		Y	
Employer/Occupation Labor Organization*						M		D		Y	
From Whom Received						Prior Amount		Amt. Incurred this Period			
Address								Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred						M		D		Y	
Registration Number, if PAC						M		D		Y	
Employer/Occupation Labor Organization*						M		D		Y	

* 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 or more 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)

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. 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).

- Total prior amount \$ 149.03
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 105.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 44.03 (To Form No. 30-A)