

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

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