31-A
R.C. 3517.10

Page 1	
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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					istrati	on Num	ber,	if PAC		
Melissa Alexander				j						
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
4646 Winterset Dr										Act Blue
City	Stat	e	Zip Code	М		D	Т	Y	1	Amount
Columbus	lo I	Η̈́	43220	1	0	2 3	3	1 !	7 I	35.00
Full Name of Contributor	<u> </u>		1			on Num		_		
Karla Rothan										
Street Address	Employer/0	Decupation	on/Labor Organization*						Ti	Form (Cash, Check, etc.)
PO Box 163516	1								-1.	Act Blue
City	Stat	e i	Zip Code	М	_	D:	7	Y:		Amount
Columbus	0	H	43216	1	1	0 3	۱,	1	7 I	100.00
Full Name of Contributor		11	45210			on Num	_			100.00
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Joette Weber Street Address	Employer	Securation	on/Labor Organization*						- 11	Form (Cash, Check, etc.)
	Lampioyeax	-copauc	or Capor Organization						- 1	
14270 Coolville Ridge Road	Stat		Zip Code	М		l N		Y.		Act Blue
City		•	1	ì	1	D	. 1	i	- 1	
Athens	0	Н	45701		1			1 :	_	27.00
Full Name of Contributor				Reg	istrati	on Num	ber,	IT PAC	Ü	
Linda Thompson	T								- 1	
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
5129 Sansom Court									_	Check
City	Stat	e	Zip Code	М	:	D	1	Y	- 1	Amount
Columbus	0	Н	43220	1	0	2	5	1]	7	25.00
Full Name of Contributor				Reg	istrati	on Num	ber,	if PAC	2	
Street Address	Employer/0	Occupatio	on/Labor Organization*						1	Form (Cash, Check, etc.)
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City	Stat	c	Žip Code	M		D		Y	ď	Amount
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Full Name of Contributor				Reg	istrati	on Num	iber,	if PAC	С	
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Street Address	Employer/Occupation/Labor Organization*								ı,	Form (Cash, Check, etc.)
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City	Stat	e	Zip Code	М		D	ļ	Y	- [
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Full Name of Contributor				Reg	istrati	ion Num	ıber,	if PA	С	
Street Address	Employer/0	Occupatio	on/Labor Organization*						ď	Form (Cash, Check, etc.)
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City	Stat	c	Zip Code	M		D		Y	ľ	Amount
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Full Name of Contributor				Reg	18trati	ion Nun	ıber,	ii PA	C	
	Employer/Occupation/Labor Organization*							Francisco Charles		
1	Employer/Occupation/Lador Organization*						- [Form (Cash, Check, etc.)		
	<u></u>		Ta: O.1	1 1		1 5	٠.,	v!	4	Amount
City	Stat	•	Zip Code	M		Di		Y	ľ	ALIIVIIII
			1		<u> </u>	Li				

Page Total \$	187.00

^{*} 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)]