31-	·A	
R.C	351	7.10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full						
UA for Foulk						
Full Name of Contributor Estelle M. Scott			Registration Number, if PAC			
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)		
1553 Fishinger Road				check		
City Columbus	Stake OH	Zip Code 43221	080817	Amount \$25.00		
Full Name of Contributor			Registration Number, if P.	AC		
Timothy F. Kennedy						
Street Address	Employer/Occupation/Labor Organization®			Form (Cash, Check, etc.)		
2396 Swansea Road				check		
City	State	Zip Code	M D Y	Amount		
Columbus	OH	43221	0 8 1 2 1 7	\$250.00		
Full Name of Contributor			Registration Number, if P.	AC		
Laura Price						
Street Address	Employer/Occupat	tion/Labor Organization		Form (Cash, Check, etc.)		
2879 Mountview Road		•		check		
City	State	Zip Code	M D Y	Amount		
Columbus	ОН	43221	0 8 1 8 1 7	\$250.00		
Full Name of Contributor			Registration Number, if P.	AC		
Jaclyn Jerabek						
Street Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)		
1356 La Rochelle Drive	0.4	Zip Code	TATE OF THE	check		
City Columbus	State OH	43221	081617	\$150.00		
Full Name of Contributor			Registration Number, if P	AC		
Louis B. Myers						
Street Address	Employer/Occupat	tion/Labor Organization		Form (Cash, Check, etc.)		
2865 Pickwick Drive				check		
City	State	Zip Code	0 8 1 8 1 7	Amount		
Columbus	OH	43221		\$250.00		
Full Name of Contributor			Registration Number, if P	AC		
Martha J. Stinehart						
Street Address	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.)		
2155 Waltham Road				check		
City	State	Zip Code	MDY	Amount		
Columbus	OH	43221	081517	\$100.00		
Full Name of Contributor	-		Registration Number, if P	AC		
Delvin Hines Jr.						
Street Address	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.)		
2112 Coach Road North	,			check		
City	State	Zip Code	M D Y	Amount		
Columbus	OH	43220	082017	\$100.00		
Full Name of Contributor Registration Number, if PAC Bonnie L. Maxton-Harvey						
Street Address	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.)		
3984 Reed Road	} -	-		check		
City	State	Zip Code	M D Y	Amount		
Columbus	OH	43220	0 8 2 5 1 7	\$150.00		

Page Total \$1,275.00

^{*}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 also appear. [R.C. 3517.10(B)(4)]