

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full UA FOR FOLK							
Full Name of Contributor Timothy Kennedy						Registration Number, if PAC	
Street Address 2393 SWANSEA RD.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43221	M 08	D 26	Y 15	Amount \$242.45	
Full Name of Contributor Birgitta Wilhelm						Registration Number, if PAC	
Street Address 2095 Cheshire Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City Columbus	State OH	Zip Code 43221	M 08	D 26	Y 15	Amount \$23.97	
Full Name of Contributor John Lince						Registration Number, if PAC	
Street Address 4645 meekison DRIVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City Columbus	State OH	Zip Code 43220	M 08	D 31	Y 15	Amount \$96.80	
Full Name of Contributor BARBARA RACEY						Registration Number, if PAC	
Street Address 3517 AVIGNON PL.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43221	M 09	D 06	Y 15	Amount \$23.97	
Full Name of Contributor KELLY BARRY						Registration Number, if PAC	
Street Address 582 PRESIDENTIAL WAY		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City DELAWARE, OH 43015	State OH	Zip Code 43015	M 09	D 06	Y 15	Amount \$23.97	
Full Name of Contributor GLORIA MARINO						Registration Number, if PAC	
Street Address 2579 Nottingham Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City Columbus, OH	State OH	Zip Code 43221	M 09	D 07	Y 15	Amount \$23.97	
Full Name of Contributor DEBORAH BERGEON						Registration Number, if PAC	
Street Address 8273 SOUTH ST. PAUL WAY		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City Centennial	State CO	Zip Code 80122	M 09	D 13	Y 15	Amount \$48.25	
Full Name of Contributor DOROTHY FOLK						Registration Number, if PAC	
Street Address 3151 FELLWOOD DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City PORT Neches	State TX	Zip Code 77651	M 09	D 14	Y 15	Amount \$96.80	

* 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)]