

Statement of Contributions Received

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 1553 Fishinger Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 0	Amount \$25.00
Full Name of Contributor Timothy F. Kennedy				Registration Number, if PAC		
Street Address 2396 Swansea Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$250.00
Full Name of Contributor Laura Price				Registration Number, if PAC		
Street Address 2879 Mountview Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$250.00
Full Name of Contributor Jaclyn Jerabek				Registration Number, if PAC		
Street Address 1356 La Rochelle Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$150.00
Full Name of Contributor Louis B. Myers				Registration Number, if PAC		
Street Address 2865 Pickwick Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$250.00
Full Name of Contributor Martha J. Stinehart				Registration Number, if PAC		
Street Address 2155 Waltham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor Delvin Hines Jr.				Registration Number, if PAC		
Street Address 2112 Coach Road North		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 2	Amount \$100.00
Full Name of Contributor Bonnie L. Maxton-Harvey				Registration Number, if PAC		
Street Address 3984 Reed Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 2	Amount \$150.00

* 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)]