

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>UA for Foulk</b>									
Full Name of Contributor <b>Robert Carl Foulk (personal contribution to my campaign account)</b>							Registration Number, if PAC		
Street Address <b>2791 Stratford Dr</b>			Employer/Occupation/Labor Organization* <b>My Home Solutions, LLC, Vice President</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Robert Carl Foulk (personal contribution to my campaign account)</b>							Registration Number, if PAC		
Street Address <b>2791 Stratford Dr</b>			Employer/Occupation/Labor Organization* <b>My Home Solutions, LLC, Vice President</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>0</b>	D <b>5</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Robert Carl Foulk (personal contribution to my campaign account)</b>							Registration Number, if PAC		
Street Address <b>2791 Stratford Dr</b>			Employer/Occupation/Labor Organization* <b>My Home Solutions, LLC, Vice President</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>8</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Robert Carl Foulk (personal contribution to my campaign account)</b>							Registration Number, if PAC		
Street Address <b>2791 Stratford Dr</b>			Employer/Occupation/Labor Organization* <b>My Home Solutions, LLC, Vice President</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>	Y <b>6</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>UA for Accountability</b>							Registration Number, if PAC		
Street Address <b>1916 Harwitch Road</b>			Employer/Occupation/Labor Organization* <b>Campaign committee for local issue</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>1</b>	D <b>2</b>	Y <b>3</b>	Y <b>0</b>	Amount <b>\$250.00</b>
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$650.00**