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 BARBARA RACEY	_		Registration Number, if P.	AC
Street Address 35/7 AVIGNON PL.	Employer/Occupat	ion/Labor Organization	<u> </u>	Form (Cash, Check, etc.) PAYPAL
COLUMBUS	OH	Zip Code 43221	100715	Amount \$ 48,25
Full Name of Contributor MARY MACVICAR Street Address Employer/Occupation/Labor Organization Registration Number, if PAC Form (Cash, Check, etc.)				
Street Address 3153 BEMBRIDGE RD	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
COLVMBUS	State OH	Zip Code 4322/	100415	Amount \$ 96.80
Full Name of Contributor SUZANNE SMITH Registration Number, if PAC				
Street Address 3221 ASbury DRIVE	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.) PA-YPAL
COLVMBUS	State OH	Zip Code 4322/	1000215	Amount 9, 41
Full Name of Contributor SUZANNE CRUICKSHANK Registration Number, if				AC
Street Address 28/7 WICKLIFFE PD	Employer/Occupati	ion/Labor Organization		Form (Cash, Check, etc.) PAYPAL
COLUMBUS	State OH	Zip Code 43221	1008 15	# 48,25
Full Name of Contributor Registration Number, if PAC MARTIN CORDERU Registration Number, if PAC				
Street Address 1610 mcCoy RD	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
CULUMBUS	State OH	Zip Code 43220	10/0/5	#200000
Full Name of Contributor MARY BERGER Street Address Employer/Occupation/Labor Organization Registration Number, if PAC Form (Cash, Check, etc.)				
Street Address 1645 GWILFORD RD		ion/Labor Organization		Form (Cash, Check, etc.)
COLUMBUS	State OH	Zip Code 43221	101415	Amount \$50 00
Full Name of Contributor NANCY HEBER Registration Number, if PAC				
Street Address 4390 NORWELL DR. E	Employer/Occupati	ion/Labor Organization		Form (Cash, Check, etc.) Check
COLUMBUS	OH+	2ip Code 43 ZZO	101415	Amount \$25 00
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount

Page Total S 477. 7

^{*}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)]