

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full U A FOR FOULK							
Full Name of Contributor Rebecca Hinga						Registration Number, if PAC	
Street Address 2803 Stratford DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43220	M 09	D 26	Y 15	Amount \$150.00	
Full Name of Contributor John Leach						Registration Number, if PAC	
Street Address 2471 Sherwood Villa Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 09	D 27	Y 15	Amount \$50.00	
Full Name of Contributor JANIE FOULK						Registration Number, if PAC	
Street Address 2791 STRATFORD DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43220	M 08	D 24	Y 15	Amount \$9.41	
Full Name of Contributor HANNO SCHRICKMAN						Registration Number, if PAC	
Street Address 2787 ELGINFIELD RD		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43220	M 08	D 25	Y 15	Amount \$48.25	
Full Name of Contributor JANICE JOROLAN						Registration Number, if PAC	
Street Address 106 FEASTER TRAIL		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City MALVERN		State AR	Zip Code 72104	M 08	D 27	Y 15	Amount \$23.97
Full Name of Contributor JACKLYN JERABEK						Registration Number, if PAC	
Street Address 1356 LA ROCHELLE DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43221	M 08	D 25	Y 15	Amount \$9.41	
Full Name of Contributor SALLY SCHILL						Registration Number, if PAC	
Street Address 1397 LA ROCHELLE DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS, OH	State OH	Zip Code 43221	M 08	D 25	Y 15	Amount \$9.41	
Full Name of Contributor SANDY HOLLADAY						Registration Number, if PAC	
Street Address 2070 SPRING HILL DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43221	M 08	D 26	Y 15	Amount \$48.25	

* 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)]