

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Lee Peters						Registration Number, if PAC	
Street Address 71 Belpre PI W			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081-1220	M 05	D 11	Y 2011	Amount \$50.00	
Full Name of Contributor Preston N. Stearns						Registration Number, if PAC	
Street Address 1020 Matterhorn Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Reynoldsburg			State OH	Zip Code 43068-1716	M 04	D 19	Y 2011
						Amount \$25.00	
Full Name of Contributor Samuel H. Osipow						Registration Number, if PAC	
Street Address 330 Eastmoor Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43209-2022	M 04	D 20	Y 2011
						Amount \$50.00	
Full Name of Contributor Shyam V Rajadhyaksha						Registration Number, if PAC	
Street Address 265 S 5th St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus			State OH	Zip Code 43215-5217	M 05	D 16	Y 2011
						Amount \$100.00	
Full Name of Contributor Stanley D. Ross						Registration Number, if PAC	
Street Address 1660 W Henderson Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43220	M 05	D 12	Y 2011
						Amount \$2,400.00	

* 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 appear. [R.C. 3517.10(B)(4)]