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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Paula Brooks Committee							
Full Name of Contributor			Registration Number, if PAC OH433				
Street Address 180 E Broad St	ismposed of the confirmation of the confirmati				Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-3763	М 07	D 03	Y 2013	Amount \$500.00	
Full Name of Contributor				Registration Number, if PAC PCE			
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229-1562	M 10	D 21	Y 2013	Amount \$500.00	
Full Name of Contributor James E Davidson			Regi	stratio	on Numt	ner, if PAC	
Street Address 5163 Chaffinch Ct	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State	Zip Code 43017-8606	М 07	D 03	Y 2013	Amount \$250.00	
Full Name of Contributor Jeffrey W. Edwards			Reg	istrati	on Num	ber, if PAC	
Street Address 495 S High St	Employer/Occupation/i.abor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-5695	M 07	Ο 05	Y 2013	Amount \$1,000.00	
Full Name of Contributor Mina Dioun			Reg	istrat	ion Num	ber, if PAC	
Street Address 6965 Clivdon Mews	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City New Albany	State	Zip Code 43054-9600	M	1	Y 3 2013	Amount \$1,000.00	

	en 250.00
Page Total	\$3,250.00

^{*} 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)]