Page 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee								
ull Name of Contributor Indrew C Jacobs			Registration Number, if PAC					
Street Address 2111 Park Hill Dr.	Employer Presiden	ganization* ervices			Form (Cash, Check, etc.)			
City Bexley	State OH	Zip Code 43209	М 05	D 01	Y 2011	Amount \$100.00		
Full Name of Contributor Clayton Hicks								
Street Address 6283 Alissa Ln	Employer/Occupation/Labor Org Doctor Driving Parks Vision C					Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43213-3456	М 04	D 13	Y 2011	Amount \$100.00		
Full Name of Contributor Leslie Huntington					Registration Number, if PAC			
Street Address 2040 Willowick Cir	1	r/Occupation/Labor Or cory Manager JPMorg		ition*		Form (Cash, Check, etc.) Credit Card		
	1			D	Y 2011	· ·		
2040 Willowick Cir City	Supervis	ory Manager JPMorg	M 05	D 0 9	Y 2011	Credit Card		
2040 Willowick Cir City Columbus Full Name of Contributor	Supervis State OH	Zip Code 43229-1526 r/Occupation/Labor Or	M 05 Regis	D 09 stratic	Y 2011 on Numb	Credit Card Amount \$25.00		
2040 Willowick Cir City Columbus Full Name of Contributor Robert H. Jeffrey II Street Address	Supervis State OH Employe	Zip Code 43229-1526 r/Occupation/Labor Or	M 05 Regis	D 09 stration	Y 2011 on Numb	Amount \$25.00 oer, if PAC Form (Cash, Check, etc.)		
2040 Willowick Cir City Columbus Full Name of Contributor Robert H. Jeffrey II Street Address 296 Ashbourne PI City	Supervis State OH Employe Retired State	Zip Code 43229-1526 r/Occupation/Labor Or None Zip Code	M 05 Regis	D 09 stration D 11	Y 2011 on Numb	Credit Card Amount \$25.00 Der, if PAC Form (Cash, Check, etc.) Check Amount		
2040 Willowick Cir City Columbus Full Name of Contributor Robert H. Jeffrey II Street Address 296 Ashbourne PI City Columbus Full Name of Contributor	Supervis State OH Employe Retired State OH	Zip Code 43229-1526 r/Occupation/Labor Or None Zip Code 43209-1449	M 05 Regis	D 09 Stratic	Y 2011 on Numb Y 2011	Credit Card Amount \$25.00 per, if PAC Form (Cash, Check, etc.) Check Amount \$1,000.00		

235.00

^{*} 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)]