

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Paula Brooks Committee</i>							
Full Name of Contributor Contributions at Events						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount \$70,060.00	
Full Name of Contributor Contributions from Employees						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount \$325.00	
Full Name of Contributor Elisa Wolfe						Registration Number, if PAC	
Street Address PO Box 516			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Granville	State OH	Zip Code 43023	M 06	D 25	Y 2012	Amount \$500.00	
Full Name of Contributor William H. Woods						Registration Number, if PAC	
Street Address 1022 Blind Brook Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43235	M 08	D 01	Y 2012	Amount \$100.00	

* 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)]