

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Andrew C Jacobs						Registration Number, if PAC	
Street Address 300 W Spring St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-7659	M 02	D 17	Y 2013	Amount \$500.00	
Full Name of Contributor Donna A. James						Registration Number, if PAC	
Street Address 1 Miranova Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-5082	M 06	D 13	Y 2013	Amount \$500.00	
Full Name of Contributor Huntington Bancshares Inc PAC						Registration Number, if PAC C00165589	
Street Address 41 S High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 06	D 24	Y 2013	Amount \$1,000.00	
Full Name of Contributor Larry J Hotchkiss						Registration Number, if PAC	
Street Address 1241 Dublin Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-7048	M 04	D 04	Y 2013	Amount \$250.00	
Full Name of Contributor Steven L Helser						Registration Number, if PAC	
Street Address 1687 Doone Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221-3808	M 02	D 21	Y 2013	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)]