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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  David Foster  Registration					on Number, if PAC		
Street Address 3179 Bembridge Road	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43221	M 10	D 08	Y 2012	Amount \$100.00	
Full Name of Contributor Fraternal Order of Police Political Education Fund PCE				Registration Number, if PAC PCE			
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*				*	Form (Cash, Check, etc.) Money Order	
City Columbus	State OH	Zip Code 43229-1562	M 10	D 16	Y 2012	Amount \$500.00	
Full Name of Contributor Mary Anne Flournoy	Registration Number, if PAC						
Street Address 6675 Baker Rd	Employer/Occupation/Labor Organization* Form (Cash, Check, etc. Credit Card						
City Athens	State OH	Zip Code 45701	М 09	D 04	Y 2012	Amount \$500.00	
Full Name of Contributor Michael L Finn			Regi	stratio	on Numb	per, if PAC	
Street Address 2120 Cheshire Rd	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card						
City Columbus	State OH	Zip Code 43221-4133	М 09	D 05	Y 2012	Amount \$250.00	
Registration Number, if PAC samuel Fried							
Street Address 230 S Parkview Avenue	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card						
City Bexley	State OH	Zip Code 43209	M 08	D 30	Y 2012	Amount \$500.00	

Page Total	\$1,850.00

<sup>\*</sup> 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)]