## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Gregory L Woods			Registration Number, if PAC				
Street Address 768 Bryden Rd	Employe	rganization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43205-1016	M 10	D 22	Y 2012	Amount \$150.00	
Full Name of Contributor Registratio Howard Warner					on Numb	per, if PAC	
Street Address 1422 Kingsgate Rd	Employer/Occupation/Labor Organizati				iou* Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221-1505	M 10	D 22	Y 2012	Amount \$100.00	
Full Name of Contributor  Lance Tibbles	Registration Number, if PAC						
Street Address 762 Grandon Ave	Employe	rganization*			Form (Cash, Check, etc.) Credit Card		
City Bexley	State OH	Zip Code 43209-2580	M 11	D 02	Y 2012	Amoust \$50.00	
Full Name of Contributor Registration Numb Martha Garvin Timmons					per, if PAC		
Street Address 3696 Rushmore Dr	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43220-2208	М 11	D 02	Y 2012	Amount \$25.00	
Full Name of Contributor UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)				Registration Number, if PAC C00274431			
Street Address 9900 Bren Rd E	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
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<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)]