

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Barbara K Brandt				Registration Number, if PAC		
Street Address 2333 Brentwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209-2103	M 04	D 26	Y 2012	Amount \$250.00
Full Name of Contributor David Bloome				Registration Number, if PAC		
Street Address 37 W Dominion Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214-2605	M 07	D 25	Y 2012	Amount \$100.00
Full Name of Contributor David Bloome				Registration Number, if PAC		
Street Address 37 W Dominion Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214-2605	M 09	D 26	Y 2012	Amount \$35.00
Full Name of Contributor David Celebrezze				Registration Number, if PAC		
Street Address 3294 Riverside Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43202-5001	M 09	D 27	Y 2012	Amount \$50.00
Full Name of Contributor Earl U Biven				Registration Number, if PAC		
Street Address 6352 Sierra Elena Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Irvine	State CA	Zip Code 92603-3927	M 10	D 02	Y 2012	Amount \$50.00

* 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)]

Page Total \$485.00