

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Catherine M Lyttle					Registration Number, if PAC	
Street Address 192 Tucker Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085-3064	M 09	D 14	Y 2012	Amount \$250.00
Full Name of Contributor James R Linthicum					Registration Number, if PAC	
Street Address 8760 Stoneridge Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	M 09	D 30	Y 2012	Amount \$250.00
Full Name of Contributor Linda M Lobao					Registration Number, if PAC	
Street Address 1194 W. First Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43212	M 07	D 20	Y 2012	Amount \$100.00
Full Name of Contributor M/I Homes PAC					Registration Number, if PAC C00418830	
Street Address 3 Easton Oval			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219-6011	M 06	D 21	Y 2012	Amount \$500.00
Full Name of Contributor Stephen J Loskota					Registration Number, if PAC	
Street Address 285 Madison St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Groveport	State OH	Zip Code 43125	M 08	D 22	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 \$1,150.00