

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor E. Marianne Gabel					Registration Number, if PAC	
Street Address 49 FOREST AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City DELAWARE	State OH	Zip Code 43015	M 06	D 24	Y 2012	Amount \$500.00
Full Name of Contributor John P Georgiton					Registration Number, if PAC	
Street Address 2698 Scioto Station Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City columbus	State OH	Zip Code 43204	M 09	D 10	Y 2012	Amount \$50.00
Full Name of Contributor Jules L Garel					Registration Number, if PAC	
Street Address 12 Lyonsgate Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 06	D 13	Y 2012	Amount \$500.00
Full Name of Contributor Michael K Gire					Registration Number, if PAC	
Street Address 389 s. drexel ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City columbus	State OH	Zip Code 43209	M 06	D 27	Y 2012	Amount \$500.00
Full Name of Contributor Patricia Temple Gabbe					Registration Number, if PAC	
Street Address 297 Stanbery Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209-1468	M 05	D 23	Y 2012	Amount \$500.00

* 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)]