

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Brenda J Davidorf					Registration Number, if PAC		
Street Address 3832 Bentworth Ln			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card		
City Columbus		State OH	Zip Code 43230-8487	M 05	D 29	Y 2012	Amount \$500.00
Full Name of Contributor Clairece Feagin					Registration Number, if PAC		
Street Address 48 Pamela Ln			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card		
City College Station		State TX	Zip Code 77845-9445	M 07	D 20	Y 2012	Amount \$100.00
Full Name of Contributor Marty Eisenbarth					Registration Number, if PAC		
Street Address 2280 Walhaven Ct			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card		
City Columbus		State OH	Zip Code 43220-4762	M 08	D 19	Y 2012	Amount \$500.00
Full Name of Contributor Mary Damer					Registration Number, if PAC		
Street Address 90 Perry St Apt 201			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card		
City Columbus		State OH	Zip Code 43215	M 09	D 25	Y 2012	Amount \$200.00
Full Name of Contributor Michael Curtin					Registration Number, if PAC		
Street Address 1370 Cambridge Blvd			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card		
City Columbus		State OH	Zip Code 43212-3207	M 09	D 26	Y 2012	Amount \$250.00

* 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)]