

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Chilin Yu						Registration Number, if PAC	
Street Address 2322 Woodstock Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus		State OH	Zip Code 43221-1871	M 11	D 03	Y 2012	Amount \$50.00
Full Name of Contributor Contributions at Events						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount \$1,300.00
Full Name of Contributor Contributions from Employees						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State	Zip Code	M	D	Y	Amount \$100.00
Full Name of Contributor Robert Young						Registration Number, if PAC	
Street Address 7040 Bold Forbes Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Blacklick		State OH	Zip Code 43004-8006	M 11	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)]