

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Deloitte Ohio PAC						Registration Number, if PAC OH433	
Street Address 180 E Broad St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215-3763	M 12	D 06	Y 2011	Amount \$1,000.00
Full Name of Contributor Don M. Casto III						Registration Number, if PAC	
Street Address 52 Robinwood Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43213-1786	M 10	D 20	Y 2011	Amount \$2,000.00
Full Name of Contributor Richard D Gallagher						Registration Number, if PAC	
Street Address 373 W 6th Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus		State OH	Zip Code 43201-3134	M 10	D 12	Y 2011	Amount \$1,000.00
Full Name of Contributor Sally W. Bloomfield						Registration Number, if PAC	
Street Address 3741 Romnay Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43220-4877	M 09	D 30	Y 2011	Amount \$1,000.00
Full Name of Contributor Steven J Boone						Registration Number, if PAC	
Street Address 1780 Welsh Hills Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Granville		State OH	Zip Code 43023-9323	M 10	D 20	Y 2011	Amount \$2,000.00

* 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)]