

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)]