

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Dorothy F. Woldorf						Registration Number, if PAC	
Street Address 645 Neil Ave. Apt. 511			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	M 08	D 20	Y 2012	Amount \$35.00	
Full Name of Contributor Dorothy F. Woldorf						Registration Number, if PAC	
Street Address 645 Neil Ave. Apt. 511			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	M 09	D 10	Y 2012	Amount \$35.00	
Full Name of Contributor Mark Wagenbrenner						Registration Number, if PAC	
Street Address 575 w first ave #100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City columbus	State OH	Zip Code 43215	M 10	D 10	Y 2012	Amount \$3,000.00	
Full Name of Contributor Robert J Weiler						Registration Number, if PAC	
Street Address 5265 Hoover Gate Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082-8072	M 09	D 18	Y 2012	Amount \$250.00	
Full Name of Contributor Robert J Weiler						Registration Number, if PAC	
Street Address 41 S High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-3451	M 09	D 18	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)]