

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Gay S Pinnell						Registration Number, if PAC	
Street Address 8599 Dunsinane Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43017-8756	M 02	D 20	Y 2013	Amount \$500.00	
Full Name of Contributor Mark Nesbit						Registration Number, if PAC	
Street Address 454 E Main St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-5393	M 06	D 12	Y 2013	Amount \$250.00	
Full Name of Contributor Neil Patel						Registration Number, if PAC	
Street Address 4875 Royal County Down			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082-7015	M 06	D 20	Y 2013	Amount \$100.00	
Full Name of Contributor NiSource Inc. PAC						Registration Number, if PAC C00051979	
Street Address 200 Civic Center Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 06	D 20	Y 2013	Amount \$150.00	
Full Name of Contributor Ohiohealth Star Corp PAC						Registration Number, if PAC C00210617	
Street Address 180 E Broad St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-3707	M 02	D 21	Y 2013	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)]

Page Total \$1,250.00