

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor AT&T Inc. Ohio Employee PAC						Registration Number, if PAC C00377044	
Street Address 150 E Gay St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-3130	M 05	D 16	Y 2011	Amount \$100.00	
Full Name of Contributor Bricker & Eckler LLP State PAC						Registration Number, if PAC OH821	
Street Address 100 S 3rd St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-4236	M 05	D 31	Y 2011	Amount \$250.00	
Full Name of Contributor David R Celebrezze						Registration Number, if PAC	
Street Address 222 W Pacemont Rd			Employer/Occupation/Labor Organization* Director Ohio Environmental Council			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43202-1014	M 04	D 13	Y 2011	Amount \$50.00	
Full Name of Contributor Kate Burke						Registration Number, if PAC	
Street Address 1025 Highland St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43201-3421	M 05	D 10	Y 2011	Amount \$50.00	
Full Name of Contributor Phillip H Cass						Registration Number, if PAC	
Street Address 4000 the Old Poste Rd			Employer/Occupation/Labor Organization* CEO Columbus Medical Association			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221-4905	M 04	D 27	Y 2011	Amount \$100.00	

* 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)]