

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Carol J Andrae					Registration Number, if PAC	
Street Address 2486 Bexley Park Rd			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Bexley	State OH	Zip Code 43209-2123	M 06	D 12	Y 2013	Amount \$200.00
Full Name of Contributor Mark Barbash					Registration Number, if PAC	
Street Address 718 Euclaire Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-2408	M 03	D 12	Y 2013	Amount \$100.00
Full Name of Contributor Mark Barbash					Registration Number, if PAC	
Street Address 718 Euclaire Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-2408	M 03	D 12	Y 2013	Amount \$100.00
Full Name of Contributor Michael Collins					Registration Number, if PAC	
Street Address 6169 Sugarmaple Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Westerville	State OH	Zip Code 43082-9792	M 02	D 18	Y 2013	Amount \$50.00
Full Name of Contributor Paula L Brooks					Registration Number, if PAC	
Street Address 4585 Benderton Ct			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220-3019	M 04	D 05	Y 2013	Amount \$10.00

* 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 \$460.00