

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Alisa M Savko						Registration Number, if PAC	
Street Address 675 Lindsey Marie Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235-3502	M 02	D 17	Y 2012	Amount \$1,000.00
Full Name of Contributor M Howard Petricoff						Registration Number, if PAC	
Street Address 170 Webster Park Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214-3515	M 02	D 13	Y 2012	Amount \$250.00
Full Name of Contributor Nationwide Better Citizenship Fund						Registration Number, if PAC OH259	
Street Address 1 Nationwide Plaza			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 02	D 09	Y 2012	Amount \$2,500.00
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 10	Y 2012	Amount \$250.00
Full Name of Contributor Plumbers & Pipefitters Local 189						Registration Number, if PAC PCE6220	
Street Address 1250 Kinnear Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43212-1154	M 02	D 02	Y 2012	Amount \$2,500.00

* 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)]