

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Barbara McAdam Muller						Registration Number, if PAC	
Street Address 4171 Clairmont Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220-4501	M 10	D 23	Y 2012	Amount \$35.00	
Full Name of Contributor Bonnie K Milenthal						Registration Number, if PAC	
Street Address 340 S Parkview Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1686	M 11	D 02	Y 2012	Amount \$250.00	
Full Name of Contributor Deborah Norris Matthews						Registration Number, if PAC	
Street Address 2234 Victoria Park Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43235-7133	M 11	D 02	Y 2012	Amount \$35.00	
Full Name of Contributor Lucille C. McComas						Registration Number, if PAC	
Street Address 908 Chestershire Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43204-2328	M 11	D 15	Y 2012	Amount \$25.00	
Full Name of Contributor Nancy J Loy						Registration Number, if PAC	
Street Address 7675 Norhill Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43235-1743	M 11	D 01	Y 2012	Amount \$200.00	

* 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)]