

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Ann Marie Rader				Registration Number, if PAC		
Street Address 817 Smithfield Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Newark	State OH	Zip Code 43055	M 07	D 20	Y 2012	Amount \$50.00
Full Name of Contributor C K Satyapriya				Registration Number, if PAC		
Street Address 9332 Naples Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43016	M 09	D 19	Y 2012	Amount \$250.00
Full Name of Contributor Edward Regan				Registration Number, if PAC		
Street Address 319 Park Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Brooklyn	State NY	Zip Code 11238	M 10	D 10	Y 2012	Amount \$10.00
Full Name of Contributor Rick Ralston				Registration Number, if PAC		
Street Address 662 Garrett Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214	M 07	D 20	Y 2012	Amount \$100.00
Full Name of Contributor Sanjay Sadana				Registration Number, if PAC		
Street Address 8236 Chippenham Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43016	M 09	D 21	Y 2012	Amount \$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)]