

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Carol O Ray					Registration Number, if PAC	
Street Address 2030 Tremont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221-4330	M 08	D 09	Y 2013	Amount \$250.00
Full Name of Contributor James Rishel					Registration Number, if PAC	
Street Address 300 E Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-3728	M 09	D 24	Y 2013	Amount \$500.00
Full Name of Contributor Mark D Schriml					Registration Number, if PAC	
Street Address 255 Windward Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	M 07	D 22	Y 2013	Amount \$250.00
Full Name of Contributor Richard C. Sahli					Registration Number, if PAC	
Street Address 981 Pinewood Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43230-3662	M 08	D 09	Y 2013	Amount \$50.00
Full Name of Contributor SCHOTTENSTEIN STORES CORPORATION PAC					Registration Number, if PAC CP878	
Street Address 1800 Moler Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43207-1680	M 09	D 25	Y 2013	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)]