

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Babette T Gorman				Registration Number, if PAC		
Street Address 353 N Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 06	D 11	Y 2012	Amount \$700.00
Full Name of Contributor Michael W Gruber				Registration Number, if PAC		
Street Address 4045 Poste Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43221	M 09	D 26	Y 2012	Amount \$50.00
Full Name of Contributor Patricia Hadler				Registration Number, if PAC		
Street Address 2575 Leeds Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43221	M 07	D 20	Y 2012	Amount \$100.00
Full Name of Contributor Robert Gold				Registration Number, if PAC		
Street Address 7788 Mellacent Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43235-4591	M 09	D 14	Y 2012	Amount \$30.00
Full Name of Contributor Steven D Gladman				Registration Number, if PAC		
Street Address 961 grandview ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City columbus	State OH	Zip Code 43212	M 07	D 25	Y 2012	Amount \$100.00

* 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)]