

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Brian L Morris						Registration Number, if PAC	
Street Address 2473 Bexford Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1710	M 12	D 18	Y 2013	Amount \$500.00	
Full Name of Contributor NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE						Registration Number, if PAC C00076174	
Street Address 1 Nationwide Plz			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-2226	M 10	D 15	Y 2013	Amount \$500.00	
Full Name of Contributor Ohio Hotel PAC						Registration Number, if PAC OH1127	
Street Address 692 N. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 12	D 19	Y 2013	Amount \$250.00	
Full Name of Contributor Ohio Hotel PAC						Registration Number, if PAC OH1127	
Street Address 692 N. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 12	D 19	Y 2013	Amount \$250.00	
Full Name of Contributor Pizzuti PAC						Registration Number, if PAC OH1260	
Street Address 2 Miranova Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-5098	M 07	D 25	Y 2013	Amount \$1,000.00	

\* 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)]