

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 10	D 18	Y 2011	Amount \$750.00
Full Name of Contributor Grant Morrow III					Registration Number, if PAC	
Street Address 253 N Columbia Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1417	M 10	D 24	Y 2011	Amount \$250.00
Full Name of Contributor James R Linthicum					Registration Number, if PAC	
Street Address 8760 Stoneridge Ct			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M 08	D 19	Y 2011	Amount \$250.00
Full Name of Contributor Kiwon Lee					Registration Number, if PAC	
Street Address 1989 Henderson Rd			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220-2401	M 08	D 24	Y 2011	Amount \$100.00
Full Name of Contributor Mark M Nesbit					Registration Number, if PAC	
Street Address 447 E Main St			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215-5349	M 09	D 23	Y 2011	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)]