

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Barbara McAdam Muller						Registration Number, if PAC	
Street Address 4171 Clairmont Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220-4501	M 03	D 29	Y 2013	Amount \$25.00
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 02	D 21	Y 2013	Amount \$500.00
Full Name of Contributor M/t Hornes PAC						Registration Number, if PAC C00418830	
Street Address 3 Easton Oval			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43219-6011	M 03	D 18	Y 2013	Amount \$500.00
Full Name of Contributor Mark Nesbit						Registration Number, if PAC	
Street Address 454 E Main St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43215-5393	M 02	D 19	Y 2013	Amount \$250.00
Full Name of Contributor Richard K Milenthal						Registration Number, if PAC	
Street Address 43 N Columbia Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43209-1412	M 06	D 10	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)]

Page Total \$1,775.00