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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee				•			
Full Name of Contributor J. Scott Stevenson				Registration Number, if PAC			
Street Address 7107 Asheville Park Drive	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43235	M 10	D 11	Y 2012	Amount \$500.00	
Full Name of Contributor Roy A. Stein	Registration Number, if PAC					per, if PAC	
Street Address 4737 N Shore Dr	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH	Zip Code 43082	M 07	D 25	Y 2012	Amount \$100.00	
Full Name of Contributor Stonewall Dems of Central Ohio	Registration Number, if PAC						
Street Address 1160 N High St	Employer/Occupation/Labor Organization* Form (Cash, Check, et Check					Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201-2411	М 10	D 03	Y 2012	Amount \$100.00	
Full Name of Contributor Taft, Stettinius & Hollister Better Government Fund			Registration Number, if PAC OH1146				
			OH1	146			
Street Address 425 Walnut St	Employe	r/Occupation/Labor Or				Form (Cash, Check, etc.) Check	
	Employe State OH	r/Occupation/Labor Or Zip Code 45202-3948		ation*			
425 Walnut St City	State	Zip Code	m M 09	D 18	Y 2012 on Numb	Check Amount	
425 Walnut St City Cincinnati Full Name of Contributor	State OH	Zip Code	M 09 Regis	D 18 stratio	Y 2012 on Numb	Check Amount \$250.00	

Page Total	\$1,950.00
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^{*} 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)]