

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Carol J Andreae						Registration Number, if PAC	
Street Address 2486 Bexley Park Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Bexley		State OH	Zip Code 43209-2123	M 03	D 26	Y 2012	Amount \$250.00
Full Name of Contributor Columbus Medical Association PAC						Registration Number, if PAC C00407569	
Street Address 431 E Broad St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215-3820	M 03	D 22	Y 2012	Amount \$500.00
Full Name of Contributor Cynthia J Clark						Registration Number, if PAC	
Street Address 6700 Lagrange Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Canal Winchester		State OH	Zip Code 43110-8433	M 02	D 28	Y 2012	Amount \$100.00
Full Name of Contributor Edward J Cox Jr.						Registration Number, if PAC	
Street Address 5 E Long St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215-2915	M 02	D 22	Y 2012	Amount \$100.00
Full Name of Contributor Gary L. Curry						Registration Number, if PAC	
Street Address 2424 Granada Ct N				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Galloway		State OH	Zip Code 43119-9578	M 04	D 10	Y 2012	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)]

Page Total \$1,950.00