

## 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)]