

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Contributions at Events						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City				State	Zip Code	M	D Y
							Amount \$3,630.00
Full Name of Contributor Theodore Thomas						Registration Number, if PAC	
Street Address 2519 Schaaf Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus				State OH	Zip Code 43209-3209	M 04	D Y 06 2011
							Amount \$25.00

* 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 \$3,655.00