

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Duane Kuhlmann					Registration Number, if PAC		
Street Address 42 General Canby Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Spanish Fort	State AL	Zip Code 36527	M 08	D 20	Y 2012	Amount \$35.00	
Full Name of Contributor James R Linthicum					Registration Number, if PAC		
Street Address 8760 Stoneridge Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M 04	D 16	Y 2012	Amount \$250.00	
Full Name of Contributor John P. Kennedy					Registration Number, if PAC		
Street Address 4040 Pleasant Colony Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State OH	Zip Code 43004	M 09	D 18	Y 2012	Amount \$1,000.00	
Full Name of Contributor Kamini N Lakhi					Registration Number, if PAC		
Street Address 1840 Woodland Hall Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State OH	Zip Code 43015-7119	M 09	D 14	Y 2012	Amount \$500.00	
Full Name of Contributor Tim Katz					Registration Number, if PAC		
Street Address 781 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Bexley	State OH	Zip Code 43209	M 08	D 24	Y 2012	Amount \$50.00	

* 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)]