

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor CK Satyapriya						Registration Number, if PAC	
Street Address 9332 Naples Ln.			Employer/Occupation/Labor Organization* President CTL Engineering, inc.			Form (Cash, Check, etc.) Credit Card	
City Dublin		State OH	Zip Code 43016	M 10	D 03	Y 2012	Amount \$250.00
Full Name of Contributor Mark D Schriml						Registration Number, if PAC	
Street Address 255 Windward Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Canal Winchester		State OH	Zip Code 43110	M 10	D 03	Y 2012	Amount \$500.00
Full Name of Contributor SCHOTTENSTEIN STORES CORPORATION PAC						Registration Number, if PAC CP878	
Street Address 1800 Moler Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43207-1680	M 04	D 16	Y 2012	Amount \$500.00
Full Name of Contributor SCHOTTENSTEIN STORES CORPORATION PAC						Registration Number, if PAC CP878	
Street Address 1800 Moler Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43207-1680	M 06	D 21	Y 2012	Amount \$250.00
Full Name of Contributor SCHOTTENSTEIN STORES CORPORATION PAC						Registration Number, if PAC CP878	
Street Address 1800 Moler Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43207-1680	M 10	D 16	Y 2012	Amount \$250.00

* 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 \$1,750.00