

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Denise Merino						Registration Number, if PAC	
Street Address 4191 Bishopsgate Way				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Powell		State OH	Zip Code 43065-7126	M 09	D 17	Y 2013	Amount \$50.00
Full Name of Contributor Frost Brown Todd LLC PAC						Registration Number, if PAC OH783	
Street Address 2200 Pnc Ctr				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cincinnati		State OH	Zip Code 45202-4113	M 10	D 02	Y 2013	Amount \$250.00
Full Name of Contributor Gordon Hecker						Registration Number, if PAC	
Street Address 363 N Drexel Ave				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Bexley		State OH	Zip Code 43209-1007	M 12	D 14	Y 2013	Amount \$100.00
Full Name of Contributor Larry M Levine						Registration Number, if PAC	
Street Address 7881 Creek Hollow Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Blacklick		State OH	Zip Code 43004-9564	M 12	D 16	Y 2013	Amount \$500.00
Full Name of Contributor Martin Inglis						Registration Number, if PAC	
Street Address 5387 Loch Leven Ct				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Dublin		State OH	Zip Code 43017-9423	M 09	D 30	Y 2013	Amount \$500.00

* 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)]