

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Donald B Shackelford					Registration Number, if PAC	
Street Address 21 E State St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215-4231	M 10	D 12	Y 2011	Amount \$500.00
Full Name of Contributor George J Sicaras					Registration Number, if PAC	
Street Address 2988 N High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202-1155	M 10	D 25	Y 2011	Amount \$1,000.00
Full Name of Contributor James G Sicaras					Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221-4112	M 10	D 25	Y 2011	Amount \$1,000.00
Full Name of Contributor Kristine M Sicaras					Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221-4112	M 10	D 25	Y 2011	Amount \$1,000.00
Full Name of Contributor Stephen Slesnick					Registration Number, if PAC	
Street Address 4725 Greenbriar Sq NE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Canton	State OH	Zip Code 44714-1137	M 10	D 20	Y 2011	Amount \$1.00

\* 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)]