

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Bruce Soll						Registration Number, if PAC	
Street Address 141 S Drexel Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43209-1739	M 11	D 18	Y 2011	Amount \$500.00
Full Name of Contributor Elisa Wolfe						Registration Number, if PAC	
Street Address PO Box 516			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Granville		State OH	Zip Code 43023-0516	M 09	D 16	Y 2011	Amount \$1,250.00
Full Name of Contributor Elisa Wolfe						Registration Number, if PAC	
Street Address PO Box 516			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Granville		State OH	Zip Code 43023-0516	M 12	D 31	Y 2011	Amount \$300.00
Full Name of Contributor Robert C Wagner						Registration Number, if PAC	
Street Address 7678 Wensley Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43082-7115	M 12	D 20	Y 2011	Amount \$50.00
Full Name of Contributor Robert D. Weisman						Registration Number, if PAC	
Street Address 7277 Penneyroyal Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017-2171	M 10	D 28	Y 2011	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 \$2,350.00