

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor H. Ritchey Hollenbaugh						Registration Number, if PAC	
Street Address 8549 Glenalmond Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017-9737	M 01	D 20	Y 2012	Amount \$250.00
Full Name of Contributor IBEW Cope						Registration Number, if PAC	
Street Address 900 7th St NW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Washington		State DC	Zip Code 20001-3886	M 02	D 15	Y 2012	Amount \$1,000.00
Full Name of Contributor MSCPAC						Registration Number, if PAC C00309468	
Street Address PO BOX 594			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Youngstown		State OH	Zip Code 44501	M 02	D 10	Y 2012	Amount \$500.00
Full Name of Contributor Peter Lytle						Registration Number, if PAC	
Street Address 2159 Bristol Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43221-1200	M 02	D 09	Y 2012	Amount \$2.00
Full Name of Contributor Shirine Mafi						Registration Number, if PAC	
Street Address 811 Troon Trl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43085-2949	M 02	D 20	Y 2012	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)]