

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Carol Fey					Registration Number, if PAC		
Street Address 176 S Merkle Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Bexley	State OH	Zip Code 43209-1938	M 10	D 23	Y 2012	Amount \$100.00	
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 11	D 15	Y 2012	Amount \$500.00	
Full Name of Contributor Jerome Friedman					Registration Number, if PAC		
Street Address 332 Cliffside Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43202-2441	M 11	D 02	Y 2012	Amount \$100.00	
Full Name of Contributor Michael W Gruber					Registration Number, if PAC		
Street Address 4045 Poste Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43221-4904	M 11	D 02	Y 2012	Amount \$50.00	
Full Name of Contributor Thomas Heffner					Registration Number, if PAC		
Street Address 10319 Larcomb Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Marysville	State OH	Zip Code 43040-8938	M 11	D 01	Y 2012	Amount \$100.00	

\* 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)]