

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Columbus Franklin County AFL-CIO PCE					Registration Number, if PAC PCE	
Street Address 1545 Alum Creek Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M 10	D 03	Y 2012	Amount \$500.00
Full Name of Contributor Columbus Medical Association PAC					Registration Number, if PAC C00407569	
Street Address 431 E Broad St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215-3820	M 07	D 31	Y 2012	Amount \$250.00
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education PAC					Registration Number, if PAC OH1053	
Street Address 3035 Lamb Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219-2367	M 08	D 14	Y 2012	Amount \$250.00
Full Name of Contributor CPM Law PAC					Registration Number, if PAC OH1505	
Street Address 366 E Broad St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215-3819	M 05	D 10	Y 2012	Amount \$1,000.00
Full Name of Contributor CPM Law PAC					Registration Number, if PAC OH1505	
Street Address 366 E Broad St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215-3819	M 08	D 30	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)]