

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Andrew Jacobs					Registration Number, if PAC	
Street Address 300 W. Spring St., #1501			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	M 06	D 20	Y 2012	Amount \$500.00
Full Name of Contributor Andrew Jacobs					Registration Number, if PAC	
Street Address 300 W. Spring St., #1501			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	M 10	D 16	Y 2012	Amount \$100.00
Full Name of Contributor Anne K. Jeffrey					Registration Number, if PAC	
Street Address 296 Ashbourne Pl			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 06	D 18	Y 2012	Amount \$500.00
Full Name of Contributor Anne K. Jeffrey					Registration Number, if PAC	
Street Address 296 Ashbourne Pl			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 07	D 29	Y 2012	Amount \$250.00
Full Name of Contributor Anne K. Jeffrey					Registration Number, if PAC	
Street Address 296 Ashbourne Pl			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 09	D 28	Y 2012	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)]