

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Beatrice E Wolper					Registration Number, if PAC	
Street Address 9592 Lake of the Woods Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Galena	State OH	Zip Code 43021-9622	M 09	D 23	Y 2013	Amount \$150.00
Full Name of Contributor Contributions at Events					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount \$20,950.00
Full Name of Contributor Mark C Wood					Registration Number, if PAC	
Street Address 3055 Glenrich Pkwy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43221-2522	M 08	D 20	Y 2013	Amount \$1,000.00
Full Name of Contributor The Limited Inc PAC					Registration Number, if PAC CP809	
Street Address 3 Limited Pkwy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43230-1467	M 08	D 20	Y 2013	Amount \$2,500.00
Full Name of Contributor Vorys Sater Semour & Pease LLP Advocate for Effective Public Administration					Registration Number, if PAC OH109	
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 07	D 22	Y 2013	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)]