

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Brian L Morris				Registration Number, if PAC		
Street Address 2473 Bexford Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 08	D 30	Y 2012	Amount \$500.00
Full Name of Contributor Dolly G Newhouse				Registration Number, if PAC		
Street Address 2674 Henthorne Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	M 05	D 11	Y 2012	Amount \$35.00
Full Name of Contributor Florence C Odita				Registration Number, if PAC		
Street Address 3155 WAREHAM ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City COLUMBUS	State OH	Zip Code 43221	M 06	D 18	Y 2012	Amount \$50.00
Full Name of Contributor Grant Morrow III				Registration Number, if PAC		
Street Address 253 N. Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 06	D 12	Y 2012	Amount \$1,000.00
Full Name of Contributor Grant Morrow III				Registration Number, if PAC		
Street Address 253 N. Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 07	D 23	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)]