

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Ohio Hotel PAC				Registration Number, if PAC OH1127		
Street Address 692 N. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 08	D 30	Y 2012	Amount \$250.00
Full Name of Contributor Ohio Hotel PAC				Registration Number, if PAC OH1127		
Street Address 692 N. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 08	D 30	Y 2012	Amount \$250.00
Full Name of Contributor Ohio Hotel PAC				Registration Number, if PAC OH1127		
Street Address 692 N. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 10	D 04	Y 2012	Amount \$100.00
Full Name of Contributor Samuel H. Osipow				Registration Number, if PAC		
Street Address 330 Eastmoor Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 06	D 14	Y 2012	Amount \$35.00
Full Name of Contributor Samuel H. Osipow				Registration Number, if PAC		
Street Address 330 Eastmoor Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	M 07	D 20	Y 2012	Amount \$50.00

* 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)]