

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Donald Harris					Registration Number, if PAC	
Street Address 300 West Spring St. #404			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	M 07	D 25	Y 2012	Amount \$100.00
Full Name of Contributor James Henderson					Registration Number, if PAC	
Street Address 4880 Harlem Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Galena	State OH	Zip Code 43021	M 10	D 04	Y 2012	Amount \$1,000.00
Full Name of Contributor Patricia Hadler					Registration Number, if PAC	
Street Address 2575 Leeds Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43221	M 10	D 16	Y 2012	Amount \$500.00
Full Name of Contributor Paula Daniel Harer					Registration Number, if PAC	
Street Address 2549 Tremont Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43221	M 09	D 05	Y 2012	Amount \$500.00
Full Name of Contributor Robin V Holderman					Registration Number, if PAC	
Street Address 7689 Cloister Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43235	M 10	D 11	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)]