

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Jeffrey Sopp					Registration Number, if PAC	
Street Address 300 W Spring Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	M 10	D 29	Y 2012	Amount \$500.00
Full Name of Contributor Preston N. Stearns					Registration Number, if PAC	
Street Address 1020 Matterhorn Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068-1716	M 10	D 22	Y 2012	Amount \$40.00
Full Name of Contributor Rhett C Ricart					Registration Number, if PAC	
Street Address 34 W Poplar Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215-1690	M 10	D 26	Y 2012	Amount \$1,000.00
Full Name of Contributor Robert A Schuerger					Registration Number, if PAC	
Street Address 1000 Urlin Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Grandview	State OH	Zip Code 43212-3329	M 10	D 22	Y 2012	Amount \$100.00
Full Name of Contributor Roy Smith					Registration Number, if PAC	
Street Address 1277 Stone Ridge Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Westerville	State OH	Zip Code 43081-3274	M 11	D 03	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)]