

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Carol J Andraee					Registration Number, if PAC	
Street Address 2486 Bexley Park Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209-2123	M 05	D 24	Y 2012	Amount \$250.00
Full Name of Contributor Frances Baby					Registration Number, if PAC	
Street Address 1215 Drumbarton Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43235-5121	M 08	D 14	Y 2012	Amount \$100.00
Full Name of Contributor Mark Barbash					Registration Number, if PAC	
Street Address 718 Euclaire Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43209-2408	M 06	D 23	Y 2012	Amount \$150.00
Full Name of Contributor Mark Barbash					Registration Number, if PAC	
Street Address 718 Euclaire Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43209-2408	M 09	D 19	Y 2012	Amount \$100.00
Full Name of Contributor Nirmal Bajoria					Registration Number, if PAC	
Street Address 9840 Archer Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Dublin	State OH	Zip Code 43017-8914	M 09	D 07	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)]