

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Bob Barnes					Registration Number, if PAC	
Street Address 1147 Hunter Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43201	M 08	D 29	Y 2012	Amount \$35.00
Full Name of Contributor Diane S. Bennett					Registration Number, if PAC	
Street Address 555 N Columbia Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43209-1005	M 10	D 12	Y 2012	Amount \$500.00
Full Name of Contributor Michael Billirakis					Registration Number, if PAC	
Street Address 13340 Silver Brook Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Pickerington	State OH	Zip Code 43147-8158	M 09	D 07	Y 2012	Amount \$100.00
Full Name of Contributor Milton Baughman					Registration Number, if PAC	
Street Address 321 E Sycamore St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43206-2200	M 07	D 31	Y 2012	Amount \$100.00
Full Name of Contributor Milton Baughman					Registration Number, if PAC	
Street Address 312 E Sycamore St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43206-2242	M 10	D 02	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)]