

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Dwight Smith					Registration Number, if PAC	
Street Address 2881 Swisher Creek Crossing Court			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City New Albany	State OH	Zip Code 43054	M 08	D 28	Y 2012	Amount \$250.00
Full Name of Contributor Geraldine Dixon Speer					Registration Number, if PAC	
Street Address 5655 Springburn Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017-8731	M 04	D 26	Y 2012	Amount \$250.00
Full Name of Contributor Mark J. Sheriff					Registration Number, if PAC	
Street Address 2330 Sandover Rd			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220	M 08	D 21	Y 2012	Amount \$50.00
Full Name of Contributor Thomas W Slemmer					Registration Number, if PAC	
Street Address 2440 buckley road			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220	M 09	D 10	Y 2012	Amount \$100.00
Full Name of Contributor William John Shkurti					Registration Number, if PAC	
Street Address 1877 Baldrige Road			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43221	M 09	D 10	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)]