

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor George J Sicaras						Registration Number, if PAC	
Street Address 2988 N High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43202-1155	M 05	D 21	Y 2014	Amount \$500.00
Full Name of Contributor Manuel Tzagournis						Registration Number, if PAC	
Street Address 4335 Sawmill Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220-2243	M 05	D 05	Y 2014	Amount \$100.00
Full Name of Contributor Michael J Warner						Registration Number, if PAC	
Street Address 2286 E 5th Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43219-2638	M 03	D 07	Y 2014	Amount \$18.00
Full Name of Contributor Savvas Sophocleous						Registration Number, if PAC	
Street Address 2390 Advanced Business Center Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43228-9040	M 02	D 06	Y 2014	Amount \$100.00
Full Name of Contributor Vorys Sater Semour & Pease LLP Advocate for Effective Public Administration						Registration Number, if PAC OH109	
Street Address 52 E Gay St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215-1008	M 04	D 29	Y 2014	Amount \$1,000.00

* 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)]