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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Albert A. Gabel			Registration Number, if PAC			
Street Address 7190 Coffman Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017-1032	М 03	D 01	Y 2013	Amount \$250.00
Full Name of Contributor Donald E. Garlikov	Registration Number, if PAC					
Street Address 251 S Dawson Ave	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card					
City Columbus	State OH	Zip Code 43209-1733	М 06	D 17	Y 2013	Amount \$250.00
ull Name of Contributor Registration Number, if PAC . Marianne Gabel						
Street Address 49 Forest Ave	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card					
City Delaware	State OH	Zip Code 43015-1620	M 02	D 18	Y 2013	Amount \$500.00
Full Name of Contributor Eydie Garlikov		Registration Number, if PAC			per, if PAC	
Street Address 251 S Dawson Ave	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card					
City Columbus	State OH	Zip Code 43209-1733	M 06	D 17	Y 2013	Amount \$250.00
Full Name of Contributor Steven D Gladman	Registration Number, if PAC					
Street Address 961 Grandview Ave	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card					
City Columbus	State OH	Zip Code 43212-3433	M 04	D 10	Y 2013	Amount \$500.00

Page Total	\$1,750.00

^{*} 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)]