Page 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Anne K Jeffrey			Regis	tratio:	n Numb	er, if PAC
Street Address 296 Ashbourne Pi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209-1449	M 06	D 10	Y 2013	Amount \$500.00
Full Name of Contributor Anne K. Jeffrey			Regis	stratio	n Numb	per, if PAC
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization* none none			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43209-1449	м 06	D 17	Y 2013	Amount \$1,000.00
Full Name of Contributor John P. Kennedy Registration Number, if PAC					per, if PAC	
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check					
Street Address 4040 Pleasant Colony Cir	Employe	r/Occupation/Labor Or	ganiza	ation*	,	Form (Cash, Check, etc.) Check
	Employe State OH	r/Occupation/Labor Or Zip Code 43004	m M 06	D	Y 2013	· ·
4040 Pleasant Colony Cir City	State	Zip Code	M 06	D 27	Y 2013	Check Amount
4040 Pleasant Colony Cir City Blacklick Full Name of Contributor	State OH	Zip Code	M 06 Regis	D 27 stratio	Y 2013 on Numb	Check Amount \$500.00
4040 Pleasant Colony Cir City Blacklick Full Name of Contributor Stella B. Kontras Street Address	State OH	Zip Code 43004	M 06 Regis	D 27 stration	Y 2013 on Numb	Check Amount \$500.00 ber, if PAC Form (Cash, Check, etc.) Check Amount
City Blacklick Full Name of Contributor Stella B. Kontras Street Address 4725 Dierker Rd City	State OH Employe	Zip Code 43004 er/Occupation/Labor Or Zip Code	M 06 Regi: rganiz M 06	D 27 stration	Y 2013 on Numb *	Check Amount \$500.00 ber, if PAC Form (Cash, Check, etc.) Check
City Blacklick Full Name of Contributor Stella B. Kontras Street Address 4725 Dierker Rd City Columbus Full Name of Contributor	State OH Employe State OH	Zip Code 43004 er/Occupation/Labor Or Zip Code	M 06 Regii	D 27 stration	Y 2013 on Numb * Y 2013 on Numb	Check Amount \$500.00 ber, if PAC Form (Cash, Check, etc.) Check Amount \$500.00

Page Total	\$2,600.00

^{*} 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)]