

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						Registration Number, if PAC	
Street Address 296 Ashbourne Pl			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						Registration Number, 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	M 06	D 17	Y 2013	Amount \$1,000.00
Full Name of Contributor John P. Kennedy						Registration Number, if PAC	
Street Address 4040 Pleasant Colony Cir			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick		State OH	Zip Code 43004	M 06	D 27	Y 2013	Amount \$500.00
Full Name of Contributor Stella B. Kontras						Registration Number, if PAC	
Street Address 4725 Dierker Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220-2942	M 06	D 17	Y 2013	Amount \$500.00
Full Name of Contributor Stephen Keyes						Registration Number, if PAC	
Street Address 206 N Drexel Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Bexley		State OH	Zip Code 43209-1491	M 06	D 21	Y 2013	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)]

Page Total \$2,600.00