

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 3/05

Event Date <u>04/28/2014</u>
Page <u>3</u> 4/28Tonys

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Michael L. Silberstein				Registration Number, if PAC			
Street Address 1088 Fountain Ln		Employer/Occupation/Labor Organization*		M 04	D 15	Y 14	Amount \$150.00
City Columbus		State OH	Zip Code 43213-3208		Form (Cash, Check, etc.) Check		
Full Name of Contributor Frederick R Smith				Registration Number, if PAC			
Street Address 3040 McKinley Ave		Employer/Occupation/Labor Organization*		M 04	D 15	Y 14	Amount \$250.00
City Columbus		State OH	Zip Code 43204-3653		Form (Cash, Check, etc.) Check		
Full Name of Contributor Gregory Stidham				Registration Number, if PAC			
Street Address 5182 Eaglesnest Ct		Employer/Occupation/Labor Organization* URS		M 04	D 29	Y 14	Amount \$250.00
City Westerville		State OH	Zip Code 43081-4487		Form (Cash, Check, etc.) Check		
Full Name of Contributor Rodney H Wasserstrom				Registration Number, if PAC			
Street Address 290 N. Parkview Ave.		Employer/Occupation/Labor Organization*		M 04	D 25	Y 14	Amount \$250.00
City Columbus		State OH	Zip Code 43209-1438		Form (Cash, Check, etc.) Check		
Full Name of Contributor Grant Morrow III				Registration Number, if PAC			
Street Address 253 N. Columbia Ave		Employer/Occupation/Labor Organization*		M 04	D 15	Y 14	Amount \$250.00
City Columbus		State OH	Zip Code 43209		Form (Cash, Check, etc.) Check		

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$8,110.00

\$873.40

Page Total \$ 1,150.00
