

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Eydie R Garlikov					Registration Number, if PAC	
Street Address 41 S High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215-6101	M 05	D 05	Y 2014	Amount \$250.00
Full Name of Contributor Farihan A Hannun					Registration Number, if PAC	
Street Address 2090 Rosebery Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220-3062	M 02	D 07	Y 2014	Amount \$100.00
Full Name of Contributor Farihan A Hannun					Registration Number, if PAC	
Street Address 2090 Rosebery Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220-3062	M 03	D 12	Y 2014	Amount \$100.00
Full Name of Contributor Grange Mutual Casualty Company Ohio PAC					Registration Number, if PAC CP677	
Street Address 650 S Front St			Employer/Occupation/Labor Organization* Grange Insurance			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206-1014	M 04	D 29	Y 2014	Amount \$1,000.00
Full Name of Contributor Michael Gonsiorowski					Registration Number, if PAC	
Street Address 2666 Brentwood Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209-2111	M 04	D 11	Y 2014	Amount \$200.00

* 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)]