

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Mary Ann Krauss						Registration Number, if PAC	
Street Address 1980 Upper Chelsea Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221-4113	M 03	D 25	Y 2014	Amount \$250.00
Full Name of Contributor Nick Kostandaras						Registration Number, if PAC	
Street Address 3520 Brecksville Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Richfield		State OH	Zip Code 44286-9664	M 04	D 07	Y 2014	Amount \$40.00
Full Name of Contributor Robert Jeffrey						Registration Number, if PAC	
Street Address 296 Ashbourne Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209-1449	M 04	D 04	Y 2014	Amount \$100.00
Full Name of Contributor Shawn Mafi						Registration Number, if PAC	
Street Address 811 Troon Trl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Worthington		State OH	Zip Code 43085-2949	M 02	D 14	Y 2014	Amount \$500.00
Full Name of Contributor Yung-Chen Lu						Registration Number, if PAC	
Street Address 1881 Brandywine Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220-4421	M 03	D 12	Y 2014	Amount \$35.00

\* 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)]