

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Albert A. Gabel						Registration Number, if PAC	
Street Address 7190 Coffman Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017-1032	M 03	D 01	Y 2013	Amount \$250.00
Full Name of Contributor Donald E. Garlikov						Registration Number, if PAC	
Street Address 251 S Dawson Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43209-1733	M 06	D 17	Y 2013	Amount \$250.00
Full Name of Contributor E. Marianne Gabel						Registration Number, if PAC	
Street Address 49 Forest Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Delaware		State OH	Zip Code 43015-1620	M 02	D 18	Y 2013	Amount \$500.00
Full Name of Contributor Eydie Garlikov						Registration Number, if PAC	
Street Address 251 S Dawson Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43209-1733	M 06	D 17	Y 2013	Amount \$250.00
Full Name of Contributor Steven D Gladman						Registration Number, if PAC	
Street Address 961 Grandview Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43212-3433	M 04	D 10	Y 2013	Amount \$500.00

* 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 \$1,750.00