

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>5</u> 4/28Tonys

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Roger K Jacobsen			Registration Number, if PAC			
Street Address 7826 Scioto Crossing Blvd	Employer/Occupation/Labor Organization*		M 04	D 29	Y 14	Amount \$250.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor John W Kessler			Registration Number, if PAC			
Street Address 4 Bottomley Cres	Employer/Occupation/Labor Organization*		M 04	D 16	Y 14	Amount \$250.00
City New Albany	State OH	Zip Code 43054-8909	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stella B. Kontras			Registration Number, if PAC			
Street Address 4725 Dierker Rd	Employer/Occupation/Labor Organization*		M 04	D 18	Y 14	Amount \$250.00
City Columbus	State OH	Zip Code 43220-2942	Form (Cash, Check, etc.) Check			
Full Name of Contributor Seleshi Ayalew Asfaw			Registration Number, if PAC			
Street Address 8318 Bedlington Dr	Employer/Occupation/Labor Organization*		M 04	D 29	Y 14	Amount \$250.00
City Reynoldsburg	State OH	Zip Code 43068-4749	Form (Cash, Check, etc.) Check			
Full Name of Contributor Joseph T Carmichael Jr			Registration Number, if PAC			
Street Address 49 S Summit Ridge Rd SW	Employer/Occupation/Labor Organization*		M 04	D 15	Y 14	Amount \$250.00
City Reynoldsburg	State OH	Zip Code 43068-9686	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 \$ 1,250.00