

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Cynthia Lou Mushrush						Registration Number, if PAC	
Street Address 4137 Clairmont Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43220-4501	M 04	D 24	Y 2014	Amount \$100.00
Full Name of Contributor Dan Moncrief III						Registration Number, if PAC	
Street Address 1324 E 18th Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43211-2555	M 04	D 08	Y 2014	Amount \$250.00
Full Name of Contributor Hank Mylander						Registration Number, if PAC	
Street Address 2504 Bexford Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Bexley		State OH	Zip Code 43209-1711	M 04	D 16	Y 2014	Amount \$250.00
Full Name of Contributor Maria H Neff						Registration Number, if PAC	
Street Address 2191 Waltham Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Upper Arlington		State OH	Zip Code 43221-4151	M 06	D 12	Y 2014	Amount \$250.00
Full Name of Contributor Pat McKnight						Registration Number, if PAC	
Street Address 322 Naiche Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43213-3507	M 04	D 03	Y 2014	Amount \$50.00

* 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 \$900.00