

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 3/05

Event Date	04/28/2014
Page	6 4/28Tonys

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Errol D'Souza			Registration Number, if PAC	
Street Address 9800 Windale Farms Circle	Employer/Occupation/Labor Organization*		M 04	D 29
City Galena	State OH	Zip Code 43021	Y 14	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Frank J Cipriano			Registration Number, if PAC	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M 04	D 15
City Columbus	State OH	Zip Code 43206-2026	Y 14	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor James R Linthicum			Registration Number, if PAC	
Street Address 8760 Stoneridge Ct	Employer/Occupation/Labor Organization*		M 04	D 29
City Pickerington	State OH	Zip Code 43147-9720	Y 14	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Shirine Mafi			Registration Number, if PAC	
Street Address 811 Troon Trl	Employer/Occupation/Labor Organization*		M 04	D 29
City Columbus	State OH	Zip Code 43085-2949	Y 14	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Court	Employer/Occupation/Labor Organization*		M 04	D 29
City Columbus	State OH	Zip Code 43229	Y 14	Amount \$1,000.00
			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 \$ 2,750.00