

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Barry Fromm						Registration Number, if PAC	
Street Address 2460 Stonehaven Ct N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220-2853	M 06	D 10	Y 2013	Amount \$500.00	
Full Name of Contributor Cathy Mantilla Falkenberg						Registration Number, if PAC	
Street Address 6069 Weathered Oak Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082-8304	M 06	D 14	Y 2013	Amount \$200.00	
Full Name of Contributor Mary Anne Anne Flournoy						Registration Number, if PAC	
Street Address 6675 Baker Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Athens	State OH	Zip Code 45701-9226	M 02	D 13	Y 2013	Amount \$500.00	
Full Name of Contributor Mina Dioun						Registration Number, if PAC	
Street Address 6965 Clivdon Mews			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054-9600	M 02	D 21	Y 2013	Amount \$250.00	
Full Name of Contributor Mo M. Dioun						Registration Number, if PAC	
Street Address 6965 Clivdon Mews			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City New Albany	State OH	Zip Code 43054-9600	M 06	D 18	Y 2013	Amount \$1,000.00	

* 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)]