

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>2</u> 4/28Tonys

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Gordon Hecker			Registration Number, if PAC			
Street Address 363 N Drexel Ave	Employer/Occupation/Labor Organization*		M 04	D 24	Y 14	Amount \$100.00
City Bexley	State OH	Zip Code 43209-1007	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nannette V. Maciejunes			Registration Number, if PAC			
Street Address 504 W Broadway	Employer/Occupation/Labor Organization*		M 04	D 29	Y 14	Amount \$100.00
City Granville	State OH	Zip Code 43023-1125	Form (Cash, Check, etc.) Check			
Full Name of Contributor Yung-Chen Lu			Registration Number, if PAC			
Street Address 1881 Brandywine Dr	Employer/Occupation/Labor Organization*		M 04	D 29	Y 14	Amount \$100.00
City Columbus	State OH	Zip Code 43220-4421	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jane K Ackley			Registration Number, if PAC			
Street Address 5770 Clark State Rd	Employer/Occupation/Labor Organization*		M 04	D 16	Y 14	Amount \$100.00
City Gahanna	State OH	Zip Code 43230-1906	Form (Cash, Check, etc.) Check			
Full Name of Contributor Alice Faryna			Registration Number, if PAC			
Street Address 1814 Maxfield Drive	Employer/Occupation/Labor Organization*		M 04	D 28	Y 14	Amount \$100.00
City Columbus	State OH	Zip Code 43212	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 \$ 500.00