

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Jeff Sopp					Registration Number, if PAC	
Street Address 300 W Spring St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215-7666	M 06	D 10	Y 2013	Amount \$250.00
Full Name of Contributor Jeff Sopp					Registration Number, if PAC	
Street Address 300 W Spring St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215-7646	M 02	D 20	Y 2013	Amount \$250.00
Full Name of Contributor Joy Soll					Registration Number, if PAC	
Street Address 141 S Drexel Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209-1739	M 02	D 07	Y 2013	Amount \$1,000.00
Full Name of Contributor Terence J Sullivan					Registration Number, if PAC	
Street Address 1505 Oakbourne Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235-1132	M 03	D 01	Y 2013	Amount \$100.00
Full Name of Contributor United Steelworkers District 1 PCE					Registration Number, if PAC PCE	
Street Address 777 Dearborn Park Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43085-5716	M 03	D 18	Y 2013	Amount \$500.00

* 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)]