

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Linda E Paparodis						Registration Number, if PAC	
Street Address 3237 Darby Glen Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 02	D 12	Y 2014	Amount \$100.00
Full Name of Contributor Plumbers & Pipefitters Local 189						Registration Number, if PAC PCE6220	
Street Address 1250 Kinnear Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43212-1154	M 04	D 24	Y 2014	Amount \$1,000.00
Full Name of Contributor Rashmi V. Nemade						Registration Number, if PAC	
Street Address 5148 Abbotsbury Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City New Albany		State OH	Zip Code 43054-9357	M 02	D 13	Y 2014	Amount \$100.00
Full Name of Contributor Rhett C Ricart						Registration Number, if PAC	
Street Address 34 W Poplar Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215-1690	M 06	D 27	Y 2014	Amount \$1,000.00
Full Name of Contributor Stanley D. Ross						Registration Number, if PAC	
Street Address 1660 W Henderson Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 03	D 25	Y 2014	Amount \$2,500.00

* 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)]