

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

Prescribed by Secretary of State 3/05

Event Date <u>12/16/2013</u>
Page <u>3</u> <i>Brio Event</i>

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 12	D 19	Y 13	Amount \$250.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check			
Full Name of Contributor Diane C Reichwein			Registration Number, if PAC			
Street Address 1963 N Devon Rd	Employer/Occupation/Labor Organization*		M 12	D 19	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43212-1043	Form (Cash, Check, etc.) Check			
Full Name of Contributor Felix C Wade			Registration Number, if PAC			
Street Address 778 Hawksbury Way	Employer/Occupation/Labor Organization*		M 12	D 27	Y 13	Amount \$250.00
City Powell	State OH	Zip Code 43065-8311	Form (Cash, Check, etc.) Check			
Full Name of Contributor Yuhua Una Tsou			Registration Number, if PAC			
Street Address 4076 E Main St	Employer/Occupation/Labor Organization*		M 12	D 19	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43213-2994	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ronald J Koltak			Registration Number, if PAC			
Street Address 1963 N Devon Rd	Employer/Occupation/Labor Organization*		M 12	D 19	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43212-1043	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.

\$9,250.00

\$1,195.95

Page Total \$ 1,250.00