

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

Prescribed by Secretary of State 3/05

Event Date 12/16/2013
Page 6 *Brio Event*

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Mark S Corna			Registration Number, if PAC	
Street Address 2101 Abbotsford Green Dr	Employer/Occupation/Labor Organization*		M 12	D 19
City Powell	State OH	Zip Code 43065-8948	Y 13	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor George R. McCue			Registration Number, if PAC	
Street Address 4598 Bridle Path Ln	Employer/Occupation/Labor Organization*		M 12	D 19
City Dublin	State OH	Zip Code 43017-2597	Y 13	Amount \$1,000.00
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 \$ 2,000.00