

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

Prescribed by Secretary of State 3/05

Event Date	04/28/2014
Page	7 4/28Tonys

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Jeffrey W. Edwards			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M 04	D 23
City Columbus	State OH	Zip Code 43215-5695	Y 14	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.

\$8,110.00

\$873.40

Page Total \$ 1,000.00