

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

Prescribed by Secretary of State 3/05

Event Date <u>06/18/2013</u>
Page <u>1</u> 06182013

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor M Howard Petricoff			Registration Number, if PAC			
Street Address 170 Webster Park Ave	Employer/Occupation/Labor Organization*		M 06	D 20	Y 13	Amount \$100.00
City Columbus	State OH	Zip Code 43214-3515	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lee S Szykowny			Registration Number, if PAC			
Street Address 250 S Parkview Ave	Employer/Occupation/Labor Organization*		M 06	D 18	Y 13	Amount \$200.00
City Columbus	State OH	Zip Code 43209-1650	Form (Cash, Check, etc.) Check			
Full Name of Contributor Wayne B Harer			Registration Number, if PAC			
Street Address 2549 Tremont Rd	Employer/Occupation/Labor Organization*		M 06	D 20	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43221-3729	Form (Cash, Check, etc.) Check			
Full Name of Contributor David J. Leland			Registration Number, if PAC			
Street Address 280 N High St. Ste 1300	Employer/Occupation/Labor Organization*		M 06	D 20	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43215-2537	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dan Moncrief III			Registration Number, if PAC			
Street Address 1324 E 18th Ave	Employer/Occupation/Labor Organization*		M 06	D 20	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43211-2555	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.

\$7,300.00

\$490.66

Page Total \$ 1,050.00