

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

Prescribed by Secretary of State 3/05

Event Date <u>02/20/2013</u>
Page <u>4</u> 2.20.13

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Stephen S Francis			Registration Number, if PAC			
Street Address 6345 Cragie Hill Ct	Employer/Occupation/Labor Organization*		M 04	D 10	Y 13	Amount \$250.00
City Dublin	State OH	Zip Code 43017-9670	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan J Goodenow			Registration Number, if PAC			
Street Address 2128 Tall Timbers Ct	Employer/Occupation/Labor Organization*		M 02	D 21	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43228-9638	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 02	D 21	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43221-3729	Form (Cash, Check, etc.) Check			
Full Name of Contributor Daniel R Helmick			Registration Number, if PAC			
Street Address 2050 Ellington Rd	Employer/Occupation/Labor Organization*		M 02	D 21	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43221-4139	Form (Cash, Check, etc.) Check			
Full Name of Contributor Edwin B Hogan			Registration Number, if PAC			
Street Address 33 N 3rd St	Employer/Occupation/Labor Organization*		M 03	D 01	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43215-3514	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.

\$13,905.00

\$890.95

Page Total \$ 1,250.00