

## 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>2</u>	2.20.13

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Penny Cataland			Registration Number, if PAC	
Street Address 3919 Tarrington Ln	Employer/Occupation/Labor Organization*		M 02	D 13
City Columbus	State OH	Zip Code 43220	Y 13	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Katherine M Kuck			Registration Number, if PAC	
Street Address 4880 Harlem Rd	Employer/Occupation/Labor Organization*		M 02	D 21
City Galena	State OH	Zip Code 43021-9303	Y 13	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Ty D Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization*		M 02	D 21
City Columbus	State OH	Zip Code 43214-2022	Y 13	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy T Miller			Registration Number, if PAC	
Street Address 2289 Onandaga Dr	Employer/Occupation/Labor Organization*		M 02	D 21
City Columbus	State OH	Zip Code 43221-3689	Y 13	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Jacqueline Moraitis			Registration Number, if PAC	
Street Address 3786 Riverwatch Ln	Employer/Occupation/Labor Organization*		M 02	D 21
City Columbus	State OH	Zip Code 43221-4943	Y 13	Amount \$100.00
			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.

\$13,905.00

\$890.95

Page Total \$ 500.00