

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

Prescribed by Secretary of State 3/05

Event Date <u>09/24/2013</u>
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Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Jack Jackson			Registration Number, if PAC			
Street Address 126 W Jeffrey Pl	Employer/Occupation/Labor Organization*		M 09	D 25	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43214-1704	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Jeffrey			Registration Number, if PAC			
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization*		M 09	D 20	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43209-1449	Form (Cash, Check, etc.) Check			
Full Name of Contributor Patricia M Jurgensen			Registration Number, if PAC			
Street Address 300 W Spring St	Employer/Occupation/Labor Organization*		M 09	D 20	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43215-7663	Form (Cash, Check, etc.) Check			
Full Name of Contributor Emmett M. Kelly			Registration Number, if PAC			
Street Address 1977 Wyandotte Rd	Employer/Occupation/Labor Organization*		M 09	D 25	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43212-1035	Form (Cash, Check, etc.) Check			
Full Name of Contributor John W Kessler			Registration Number, if PAC			
Street Address 4 Bottomley Cres	Employer/Occupation/Labor Organization*		M 09	D 23	Y 13	Amount \$250.00
City New Albany	State OH	Zip Code 43054-8909	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.

\$11,700.00

\$920.00

Page Total \$ 1,250.00