

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

Prescribed by Secretary of State 3/05

Event Date <u>12/16/2013</u>
Page <u>2</u> <i>Brio Event</i>

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Beverly J Farlow Esq.			Registration Number, if PAC	
Street Address 8546 Preston Mill Ct	Employer/Occupation/Labor Organization*		M 12	D 19
City Dublin	State OH	Zip Code 43017-9648	Y 13	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James R Hanson			Registration Number, if PAC	
Street Address 2247 Arlington Ave	Employer/Occupation/Labor Organization*		M 12	D 05
City Columbus	State OH	Zip Code 43221-4229	Y 13	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Scott Stevenson			Registration Number, if PAC	
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization*		M 12	D 13
City Columbus	State OH	Zip Code 43235	Y 13	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Victoria E Powers			Registration Number, if PAC	
Street Address 291 S Cassingham Rd	Employer/Occupation/Labor Organization*		M 12	D 19
City Columbus	State OH	Zip Code 43209-1804	Y 13	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Randall S Arndt			Registration Number, if PAC	
Street Address 272 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 12	D 19
City Columbus	State OH	Zip Code 43209-1455	Y 13	Amount \$250.00
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.

\$9,250.00

\$1,195.95

Page Total \$ 1,250.00
