

## 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