

## 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>6</u> 2.20.13

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Thomas E Mosure			Registration Number, if PAC			
Street Address 2221 Schrock Rd	Employer/Occupation/Labor Organization*		M 02	D 21	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43229-1547	Form (Cash, Check, etc.) Check			
Full Name of Contributor John Panovsky			Registration Number, if PAC			
Street Address 5026 Highlands Dr	Employer/Occupation/Labor Organization*		M 02	D 21	Y 13	Amount \$250.00
City Delaware	State OH	Zip Code 43015-7963	Form (Cash, Check, etc.) Check			
Full Name of Contributor Adam Kaplin			Registration Number, if PAC			
Street Address 2901 E 4th Ave	Employer/Occupation/Labor Organization*		M 02	D 21	Y 13	Amount \$250.00
City Columbus	State OH	Zip Code 43219-2896	Form (Cash, Check, etc.) Check			
Full Name of Contributor Harold D Keller			Registration Number, if PAC			
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization*		M 04	D 15	Y 13	Amount \$250.00
City Worthington	State OH	Zip Code 43085-2291	Form (Cash, Check, etc.) Check			
Full Name of Contributor Laurence G Ruben			Registration Number, if PAC			
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization*		M 02	D 07	Y 13	Amount \$250.00
City Bexley	State OH	Zip Code 43209-1623	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