

## 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>8</u> 2.20.13

Name of Committee in Full Paula Brooks Committee									
Full Name of Contributor John W Kessler						Registration Number, if PAC			
Street Address 4 Bottomley Cres		Employer/Occupation/Labor Organization*				M 02	D 07	Y 13	Amount \$500.00
City New Albany		State OH		Zip Code 43054-8909		Form (Cash, Check, etc.) Check			
Full Name of Contributor James G Sicaras						Registration Number, if PAC			
Street Address 1955 Upper Chelsea Rd		Employer/Occupation/Labor Organization*				M 02	D 21	Y 13	Amount \$500.00
City Columbus		State OH		Zip Code 43221		Form (Cash, Check, etc.) Check			
Full Name of Contributor Rhett C Ricart						Registration Number, if PAC			
Street Address 34 W Poplar Ave		Employer/Occupation/Labor Organization*				M 02	D 25	Y 13	Amount \$500.00
City Columbus		State OH		Zip Code 43215-1690		Form (Cash, Check, etc.) Check			
Full Name of Contributor Don B Leach Jr.						Registration Number, if PAC			
Street Address 1236 Kenbrook Hills Dr		Employer/Occupation/Labor Organization*				M 02	D 21	Y 13	Amount \$500.00
City Upper Arlington		State OH		Zip Code 43220-4968		Form (Cash, Check, etc.) Check			
Full Name of Contributor Shahrokh Mafi						Registration Number, if PAC			
Street Address 811 Troon Trl		Employer/Occupation/Labor Organization*				M 02	D 21	Y 13	Amount \$500.00
City Columbus		State OH		Zip Code 43085-2949		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
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\$890.95
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Page Total \$ 2,500.00
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