

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

Prescribed by Secretary of State 3/05

Event Date	02/20/2013	
Page	7	2.20.13

Name of Committee in Full Paula Brooks Committee									
Full Name of Contributor Sanjay Sadana						Registration Number, if PAC			
Street Address 8236 Chippenham Drive		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						02	21	13	\$250.00
City Dublin		State OH	Zip Code 43016			Form (Cash, Check, etc.) Check			
Full Name of Contributor George J Sicaras						Registration Number, if PAC			
Street Address 2988 N High St		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						02	21	13	\$250.00
City Columbus		State OH	Zip Code 43202-1155			Form (Cash, Check, etc.) Check			
Full Name of Contributor Bill Klausman						Registration Number, if PAC			
Street Address 75 E Gay St		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						02	21	13	\$250.00
City Columbus		State OH	Zip Code 43215-3126			Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert D. Weisman						Registration Number, if PAC			
Street Address 7277 Penneyroyal Pl		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						02	07	13	\$250.00
City Dublin		State OH	Zip Code 43017-2171			Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert A Schuerger						Registration Number, if PAC			
Street Address 512 City Park Avenue		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						02	21	13	\$300.00
City Columbus		State OH	Zip Code 43215			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 \$ 1,300.00