

## 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>	
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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	D	Y	Amount
						02	21	13	\$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	D	Y	Amount
						02	21	13	\$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	D	Y	Amount
						02	21	13	\$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	D	Y	Amount
						04	15	13	\$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	D	Y	Amount
						02	07	13	\$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