

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 Shirine Mafi				Registration Number, if PAC			
Street Address 811 Troon Trl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				02	21	13	\$500.00
City Columbus		State OH	Zip Code 43085-2949	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kamran Majidzadeh				Registration Number, if PAC			
Street Address 4621 Edgcote Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				02	25	13	\$500.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mary Ann Ann Amari				Registration Number, if PAC			
Street Address 4400 Shull Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				02	21	13	\$500.00
City Columbus		State OH	Zip Code 43230-1951	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gary L. Curry				Registration Number, if PAC			
Street Address 2424 Granada Ct N		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				02	21	13	\$500.00
City Galloway		State OH	Zip Code 43119-9578	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Jeffrey				Registration Number, if PAC			
Street Address 296 Ashbourne Pl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				02	21	13	\$500.00
City Columbus		State OH	Zip Code 43209-1449	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 \$ 2,500.00