

## 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>1</u> 2.20.13

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor John P Condo			Registration Number, if PAC			
Street Address 1358 Bosworth Ct	Employer/Occupation/Labor Organization*		M 02	D 07	Y 13	Amount \$15.00
City Columbus	State OH	Zip Code 43229-1324	Form (Cash, Check, etc.) Check			
Full Name of Contributor Edward M Dunlap			Registration Number, if PAC			
Street Address 202 E Como Ave	Employer/Occupation/Labor Organization*		M 02	D 11	Y 13	Amount \$40.00
City Columbus	State OH	Zip Code 43202-1213	Form (Cash, Check, etc.) Check			
Full Name of Contributor James P Dicello			Registration Number, if PAC			
Street Address 4530 Elderberry Ct	Employer/Occupation/Labor Organization*		M 03	D 01	Y 13	Amount \$100.00
City Columbus	State OH	Zip Code 43220-3020	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kenneth A Gamble			Registration Number, if PAC			
Street Address 1845 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 02	D 27	Y 13	Amount \$100.00
City Columbus	State OH	Zip Code 43204-4964	Form (Cash, Check, etc.) Check			
Full Name of Contributor Eydie R Garlikov			Registration Number, if PAC			
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 02	D 20	Y 13	Amount \$100.00
City Columbus	State OH	Zip Code 43215-6101	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 \$ 355.00