

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

Prescribed by Secretary of State 3/05

Event Date <u>09/24/2013</u>
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Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Patricia Temple Gabbe			Registration Number, if PAC			
Street Address 297 Stanbery Ave	Employer/Occupation/Labor Organization*		M 09	D 24	Y 13	Amount \$500.00
City Bexley	State OH	Zip Code 43209-1468	Form (Cash, Check, etc.) Check			
Full Name of Contributor M. Jameson Crane			Registration Number, if PAC			
Street Address 2289 Onandaga Dr	Employer/Occupation/Labor Organization*		M 09	D 23	Y 13	Amount \$500.00
City Columbus	State OH	Zip Code 43221-3689	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nanda K Nair			Registration Number, if PAC			
Street Address 298 Beckley Ln	Employer/Occupation/Labor Organization*		M 09	D 27	Y 13	Amount \$500.00
City Dublin	State OH	Zip Code 43017-1346	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ranjan Manoranjan			Registration Number, if PAC			
Street Address 344 Cramer Creek Ct	Employer/Occupation/Labor Organization*		M 09	D 27	Y 13	Amount \$500.00
City Dublin	State OH	Zip Code 43017	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 09	D 25	Y 13	Amount \$1,000.00
City Galloway	State OH	Zip Code 43119-9578	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.

\$11,700.00

\$920.00

Page Total \$ 3,000.00