

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>10</u> 2.20.13

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Anne K. Jeffrey			Registration Number, if PAC			
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization*		M 02	D 07	Y 13	Amount \$1,000.00
City Columbus	State OH	Zip Code 43209-1449	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert J Weiler			Registration Number, if PAC			
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 02	D 27	Y 13	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215-3451	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 \$ <u>2,000.00</u>
