

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

Prescribed by Secretary of State 3/05

Event Date 11/15/2011
Page 1 11.15Bravo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Eric S Wyne			Registration Number, if PAC	
Street Address 110 E Comet Rd	Employer/Occupation/Labor Organization*		M 11	D 16
City Clinton	State OH	Zip Code 44216-9424	Y 11	Amount \$10.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Timothy Fuller			Registration Number, if PAC	
Street Address 8236 Sanctuary Dr	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43235-4639	Y 11	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Harmon			Registration Number, if PAC	
Street Address 3160 Herrick Rd	Employer/Occupation/Labor Organization*		M 11	D 22
City Upper Arlington	State OH	Zip Code 43221-2622	Y 11	Amount \$25.00
Form (Cash, Check, etc.) Credit Card				
Full Name of Contributor Robert Bisciotti			Registration Number, if PAC	
Street Address 6059 Homewell St	Employer/Occupation/Labor Organization*		M 11	D 16
City Hilliard	State OH	Zip Code 43026-7199	Y 11	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Celebrezze			Registration Number, if PAC	
Street Address 1459 W Lane Ave	Employer/Occupation/Labor Organization*		M 11	D 02
City Columbus	State OH	Zip Code 43221-3948	Y 11	Amount \$50.00
Form (Cash, Check, etc.) Credit Card				

* 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.

\$33,590.00

\$818.68

Page Total \$ 140.00