

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

Prescribed by Secretary of State 3/05

Event Date 11/15/2011
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Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Kyle Katz			Registration Number, if PAC	
Street Address 336 S Columbia Ave	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43209-1627	Y 11	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Jerry MacArthur Hultin			Registration Number, if PAC	
Street Address 270 Broadway	Employer/Occupation/Labor Organization*		M 11	D 14
City New York	State NY	Zip Code 10007-2345	Y 11	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Dean Adamantidis			Registration Number, if PAC	
Street Address 1496 Perry St	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43201-2639	Y 11	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara K Brandt			Registration Number, if PAC	
Street Address 2333 Brentwood Rd	Employer/Occupation/Labor Organization*		M 11	D 14
City Columbus	State OH	Zip Code 43209-2103	Y 11	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Carl L. English			Registration Number, if PAC	
Street Address 7864 Ogden Woods Blvd	Employer/Occupation/Labor Organization*		M 11	D 16
City New Albany	State OH	Zip Code 43054	Y 11	Amount \$250.00
			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.

\$33,590.00

\$818.68

Page Total \$ 1,250.00