

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

Prescribed by Secretary of State 3/05

|                                  |
|----------------------------------|
| Event Date <u>10/30/2012</u>     |
| Page <u>1</u> of <u>10.30.12</u> |

|   |  |   |                        |         |                                   |                             |                    |
|---|--|---|------------------------|---------|-----------------------------------|-----------------------------|--------------------|
| Name of Committee in Full<br>Paula Brooks Committee |  |   |                        |         |                                   |                             |                    |
| Full Name of Contributor<br>M Howard Petricoff      |  |   |                        |         |                                   | Registration Number, if PAC |                    |
| Street Address<br>170 Webster Park Ave              |  | Employer/Occupation/Labor Organization* |                        | M<br>10 | D<br>31                           | Y<br>12                     | Amount<br>\$100.00 |
| City<br>Columbus                                    |  | State<br>OH                             | Zip Code<br>43214-3515 |         | Form (Cash, Check, etc.)<br>Check |                             |                    |
| Full Name of Contributor<br>McCulloch Williams III  |  |   |                        |         |                                   | Registration Number, if PAC |                    |
| Street Address<br>6171 Lyanne Ct                    |  | Employer/Occupation/Labor Organization* |                        | M<br>10 | D<br>31                           | Y<br>12                     | Amount<br>\$200.00 |
| City<br>Columbus                                    |  | State<br>OH                             | Zip Code<br>43231-7656 |         | Form (Cash, Check, etc.)<br>Check |                             |                    |
| Full Name of Contributor<br>Robert D. Weisman       |  |   |                        |         |                                   | Registration Number, if PAC |                    |
| Street Address<br>7277 Penneyroyal Pl               |  | Employer/Occupation/Labor Organization* |                        | M<br>11 | D<br>01                           | Y<br>12                     | Amount<br>\$250.00 |
| City<br>Dublin                                      |  | State<br>OH                             | Zip Code<br>43017-2171 |         | Form (Cash, Check, etc.)<br>Check |                             |                    |
| Full Name of Contributor<br>Bonnie D Michael        |  |   |                        |         |                                   | Registration Number, if PAC |                    |
| Street Address<br>6681 Markwood St                  |  | Employer/Occupation/Labor Organization* |                        | M<br>10 | D<br>31                           | Y<br>12                     | Amount<br>\$250.00 |
| City<br>Worthington                                 |  | State<br>OH                             | Zip Code<br>43085-2482 |         | Form (Cash, Check, etc.)<br>Check |                             |                    |
| Full Name of Contributor<br>Jeffrey D Milgrom       |  |   |                        |         |                                   | Registration Number, if PAC |                    |
| Street Address<br>1081 Bluffpoint Dr                |  | Employer/Occupation/Labor Organization* |                        | M<br>10 | D<br>31                           | Y<br>12                     | Amount<br>\$500.00 |
| City<br>Columbus                                    |  | State<br>OH                             | Zip Code<br>43235-2177 |         | Form (Cash, Check, etc.)<br>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.

|            |
|------------|
| \$1,300.00 |
|------------|

|          |
|----------|
| \$867.21 |
|----------|

|                        |
|------------------------|
| Page Total \$ 1,300.00 |
|------------------------|