

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

Prescribed by Secretary of State 3/05

Event Date <u>02/09/2012</u>
Page <u>1</u> 2/9 Event

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Cynthia Lou Mushrush			Registration Number, if PAC			
Street Address 4137 Clairmont Rd	Employer/Occupation/Labor Organization*		M 02	D 06	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43220-4501	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anastasia Antonoplos			Registration Number, if PAC			
Street Address 8671 Dunsinane Dr	Employer/Occupation/Labor Organization*		M 02	D 10	Y 12	Amount \$100.00
City Dublin	State OH	Zip Code 43017-8757	Form (Cash, Check, etc.) Check			
Full Name of Contributor A James Siebert III			Registration Number, if PAC			
Street Address 1040 Blue Sail Dr	Employer/Occupation/Labor Organization*		M 02	D 10	Y 12	Amount \$250.00
City Westerville	State OH	Zip Code 43081-2756	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 02	D 06	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43221-3689	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jerome R. Bahlmann			Registration Number, if PAC			
Street Address 24 Wiveliscombe	Employer/Occupation/Labor Organization*		M 02	D 10	Y 12	Amount \$250.00
City New Albany	State OH	Zip Code 43054-7601	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.

\$11,200.00
-------------

\$0.00
--------

Page Total \$ <u>950.00</u>
-----------------------------