

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

Prescribed by Secretary of State 3/05

Event Date 11/15/2011
Page 2 11.158Bravo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Renee M Kico			Registration Number, if PAC	
Street Address 225 E North Broadway St	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43214-4144	Y 11	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Samuel H. Osipow			Registration Number, if PAC	
Street Address 330 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43209-2022	Y 11	Amount \$100.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Yung-Chen Lu			Registration Number, if PAC	
Street Address 1881 Brandywine Dr	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43220-4421	Y 11	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mike Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Blvd	Employer/Occupation/Labor Organization*		M 11	D 02
City Columbus	State OH	Zip Code 43212-3207	Y 11	Amount \$100.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Bradley N. Frick			Registration Number, if PAC	
Street Address 1265 Neil Ave	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43201-3119	Y 11	Amount \$100.00
			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 \$ 450.00