

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

Prescribed by Secretary of State 3/05

Event Date <u>10/03/2012</u>
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Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Robert Young			Registration Number, if PAC			
Street Address 7040 Bold Forbes Ct	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$150.00
City Blacklick	State OH	Zip Code 43004-8006	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kenneth A Leach			Registration Number, if PAC			
Street Address 96 W Longview Ave	Employer/Occupation/Labor Organization*		M 10	D 10	Y 12	Amount \$150.00
City Columbus	State OH	Zip Code 43202-1061	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gautam K Samadder			Registration Number, if PAC			
Street Address 3842 Lambton Pl	Employer/Occupation/Labor Organization*		M 10	D 03	Y 12	Amount \$250.00
City New Albany	State OH	Zip Code 43054-8737	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stephen S Francis			Registration Number, if PAC			
Street Address 6345 Cragie Hill Ct	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$250.00
City Dublin	State OH	Zip Code 43017-9670	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sudheer Gaddam			Registration Number, if PAC			
Street Address 153 Misty Oak Pl	Employer/Occupation/Labor Organization*		M 10	D 03	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43230-6132	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.

\$4,605.00

\$1,281.00

Page Total \$ 1,050.00
