

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

Prescribed by Secretary of State 3/05

Event Date 05/12/2011  
Page 5 5/12 Event

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Kimberly I Redfern			Registration Number, if PAC			
Street Address 2841 N Bluff Ridge Dr	Employer/Occupation/Labor Organization* Government Affairs RLB Group		M 05	D 16	Y 11	Amount \$250.00
City Port Clinton	State OH	Zip Code 43452-4012	Form (Cash, Check, etc.) Check			
Full Name of Contributor Floyd Browne PAC			Registration Number, if PAC CP752			
Street Address 3769 Columbus Pike	Employer/Occupation/Labor Organization*		M 05	D 16	Y 11	Amount \$250.00
City Delaware	State OH	Zip Code 43015-7213	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert D. Weisman			Registration Number, if PAC			
Street Address 7277 Penneyroyal Pl	Employer/Occupation/Labor Organization* Attorney at Law Schottenstein Zox & Dunn		M 04	D 15	Y 11	Amount \$250.00
City Dublin	State OH	Zip Code 43017-2171	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ty D Marsh			Registration Number, if PAC			
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization* President Ty Marsh & Associates		M 04	D 20	Y 11	Amount \$250.00
City Columbus	State OH	Zip Code 43214-2022	Form (Cash, Check, etc.) Check			
Full Name of Contributor Eric A. Jones			Registration Number, if PAC			
Street Address 580 S High St	Employer/Occupation/Labor Organization* Attorney Law Office of Eric A. Jones, LLC		M 05	D 16	Y 11	Amount \$250.00
City Columbus	State OH	Zip Code 43215-5644	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.

\$3,630.00

\$100.00

Page Total \$ 1,250.00