

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

Prescribed by Secretary of State 3/05

Event Date <u>06/20/2012</u>
Page <u>6</u> Yenkin

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Amelia A Bower			Registration Number, if PAC			
Street Address 727 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 06	D 19	Y 12	Amount \$1,000.00
City Columbus	State OH	Zip Code 43235-1235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bernard Yenkin			Registration Number, if PAC			
Street Address 2720 Brentwood Rd	Employer/Occupation/Labor Organization*		M 06	D 21	Y 12	Amount \$1,000.00
City Columbus	State OH	Zip Code 43209-2219	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne K. Jeffrey			Registration Number, if PAC			
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization*		M 06	D 27	Y 12	Amount \$1,000.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mark Corna			Registration Number, if PAC			
Street Address 10153 Chelton Wood	Employer/Occupation/Labor Organization*		M 06	D 05	Y 12	Amount \$2,000.00
City Powell	State OH	Zip Code 43065-6649	Form (Cash, Check, etc.) Check			
Full Name of Contributor William Brian Burgett			Registration Number, if PAC			
Street Address 886 McKinley Ave	Employer/Occupation/Labor Organization*		M 06	D 05	Y 12	Amount \$2,000.00
City Columbus	State OH	Zip Code 43222-1187	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.

\$15,100.00

\$1,059.38

Page Total \$ 7,000.00