

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

Prescribed by Secretary of State 3/05

Event Date <u>08/29/2012</u>
Page <u>3</u> 8.29Denovo

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Gregory A Cunningham			Registration Number, if PAC			
Street Address 670 Glenmont Ave	Employer/Occupation/Labor Organization*		M 09	D 04	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43214-3212	Form (Cash, Check, etc.) Check			
Full Name of Contributor James G Sicaras			Registration Number, if PAC			
Street Address 1955 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 08	D 31	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43221-4112	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lee Smith			Registration Number, if PAC			
Street Address 929 Harrison Ave	Employer/Occupation/Labor Organization*		M 08	D 27	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43215-1346	Form (Cash, Check, etc.) Check			
Full Name of Contributor Rick Amari			Registration Number, if PAC			
Street Address 4400 Shull Rd	Employer/Occupation/Labor Organization*		M 09	D 06	Y 12	Amount \$500.00
City Gahanna	State OH	Zip Code 43230-1951	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jackson B Reynolds III			Registration Number, if PAC			
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 08	D 29	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43215	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.

\$21,775.00

\$1,016.38

Page Total \$ 2,500.00