

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

Prescribed by Secretary of State 3/05

Event Date 11/15/2011
Page 8 11.15Bravo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor William W N Hadler			Registration Number, if PAC	
Street Address 2477 Southway Dr	Employer/Occupation/Labor Organization*		M 12	D 02
City Upper Arlington	State OH	Zip Code 43221-3723	Y 11	Amount \$500.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Plumbers & Pipefitters Local 189			Registration Number, if PAC PCE0220	
Street Address 1250 Kinnear Rd	Employer/Occupation/Labor Organization*		M 11	D 01
City Columbus	State OH	Zip Code 43212-1154	Y 11	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Grange Mutual Casualty Company Ohio PAC			Registration Number, if PAC CP077	
Street Address 650 S Front St	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43206-1014	Y 11	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Jeffrey			Registration Number, if PAC	
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization*		M 12	D 02
City Columbus	State OH	Zip Code 43209-1449	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Fraternal Order of Police Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43229-1562	Y 11	Amount \$1,000.00
			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 \$ 3,500.00