

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

Prescribed by Secretary of State 3/05

Event Date	02/09/2012		
Page	5	2/9 Event	

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Frank J Cipriano			Registration Number, if PAC	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M 01	D 31
City Columbus	State OH	Zip Code 43206-2026	Y 12	Amount \$1,000.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Kendra Sue Gialluca			Registration Number, if PAC	
Street Address 3673 Braidwood Dr	Employer/Occupation/Labor Organization*		M 01	D 24
City Hilliard	State OH	Zip Code 43026-2413	Y 12	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Amelia A Bower			Registration Number, if PAC	
Street Address 727 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 02	D 20
City Columbus	State OH	Zip Code 43235-1235	Y 12	Amount \$2,500.00
			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.

\$11,200.00

\$0.00

Page Total \$ 4,500.00