

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

Prescribed by Secretary of State 3/05

Event Date <u>03/28/2012</u>
Page <u>3</u> 3.28 BP

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Jane K Ackley			Registration Number, if PAC	
Street Address 5770 Clark State Rd	Employer/Occupation/Labor Organization*		M 03	D 29
City Gahanna	State OH	Zip Code 43230-1906	Y 12	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph C Deluca			Registration Number, if PAC	
Street Address 100 E Gay St	Employer/Occupation/Labor Organization*		M 03	D 29
City Columbus	State OH	Zip Code 43215-3249	Y 12	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Howard Schottenstein			Registration Number, if PAC	
Street Address 2508 Brentwood Rd	Employer/Occupation/Labor Organization*		M 03	D 30
City Columbus	State OH	Zip Code 43209-2107	Y 12	Amount \$100.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Seleshi Ayalew Asfaw			Registration Number, if PAC	
Street Address 8318 Bedlington Dr	Employer/Occupation/Labor Organization*		M 03	D 29
City Reynoldsburg	State OH	Zip Code 43068-4749	Y 12	Amount \$150.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Roger K Jacobsen			Registration Number, if PAC	
Street Address 307 Chasely Cir	Employer/Occupation/Labor Organization*		M 03	D 29
City Powell	State OH	Zip Code 43065-8486	Y 12	Amount \$200.00
			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

\$11,625.00

\$194.95

Page Total \$ 650.00