

## 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>2</u> 8.29Denovo

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Andrew Klein				Registration Number, if PAC			
Street Address 1090 Say Ave		Employer/Occupation/Labor Organization*		M 08	D 29	Y 12	Amount \$100.00
City Columbus		State OH	Zip Code 43201-3515		Form (Cash, Check, etc.) Check		
Full Name of Contributor Shyam V Rajadhyaksha				Registration Number, if PAC			
Street Address 265 S 5th St		Employer/Occupation/Labor Organization*		M 08	D 30	Y 12	Amount \$100.00
City Columbus		State OH	Zip Code 43215-5217		Form (Cash, Check, etc.) Check		
Full Name of Contributor John M Cray				Registration Number, if PAC			
Street Address 6082 Commonwealth Dr		Employer/Occupation/Labor Organization*		M 09	D 04	Y 12	Amount \$100.00
City Westerville		State OH	Zip Code 43082-9322		Form (Cash, Check, etc.) Check		
Full Name of Contributor Joy Gonsiorowski				Registration Number, if PAC			
Street Address 2666 Brentwood Rd		Employer/Occupation/Labor Organization*		M 08	D 24	Y 12	Amount \$200.00
City Columbus		State OH	Zip Code 43209-2111		Form (Cash, Check, etc.) Check		
Full Name of Contributor Kristel L Tan-Sherwood				Registration Number, if PAC			
Street Address 229 E Dunedin Rd		Employer/Occupation/Labor Organization*		M 08	D 13	Y 12	Amount \$300.00
City Columbus		State OH	Zip Code 43214-3803		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 \$ 800.00