

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

Prescribed by Secretary of State 3/05

Event Date 06/20/2012

Page 2 Yenkin

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Carol Zelizer Zelizer Stoff				Registration Number, if PAC			
Street Address 2374 Bexley Park Rd		Employer/Occupation/Labor Organization*		M 06	D 21	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43209-2118		Form (Cash, Check, etc.) Check			
Full Name of Contributor Jonathan Petuchowski				Registration Number, if PAC			
Street Address 160 S Dawson Ave		Employer/Occupation/Labor Organization*		M 06	D 21	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43209-1731		Form (Cash, Check, etc.) Check			
Full Name of Contributor Mark Glazman				Registration Number, if PAC			
Street Address 2725 Floribunda Dr		Employer/Occupation/Labor Organization*		M 06	D 21	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43209-3119		Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert J Weiler				Registration Number, if PAC			
Street Address 41 S High St		Employer/Occupation/Labor Organization*		M 06	D 19	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43215-3451		Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert D Loversidge Jr.				Registration Number, if PAC			
Street Address 2110 E Broad St		Employer/Occupation/Labor Organization*		M 06	D 21	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43209-1666		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(13)(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.

\$15,100.00

\$1,059.38

Page Total \$ 500.00