

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

Prescribed by Secretary of State 3/05

Event Date <u>10/03/2012</u>
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Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Bradley N. Frick			Registration Number, if PAC			
Street Address 1265 Neil Ave	Employer/Occupation/Labor Organization*		M 10	D 03	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43201-3119	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gladman for Grandview			Registration Number, if PAC			
Street Address 961 Grandview Ave	Employer/Occupation/Labor Organization*		M 10	D 05	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43212-3433	Form (Cash, Check, etc.) Check			
Full Name of Contributor Charles Collins Warner			Registration Number, if PAC			
Street Address 145 E South St	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$100.00
City Worthington	State OH	Zip Code 43085-4129	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jake L Will			Registration Number, if PAC			
Street Address 2614 Edington Rd	Employer/Occupation/Labor Organization*		M 10	D 03	Y 12	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43221-3050	Form (Cash, Check, etc.) Check			
Full Name of Contributor Argiros P Ragias			Registration Number, if PAC			
Street Address 1317 Jensen Park Dr	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$100.00
City New Albany	State OH	Zip Code 43054-9209	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.

\$4,605.00

\$1,281.00

Page Total \$ 500.00
