

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

Prescribed by Secretary of State 3/05

Event Date	03/28/2012		
Page	2	3.28 BP	

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Nick Geldis			Registration Number, if PAC	
Street Address 2703 Sherwood Rd	Employer/Occupation/Labor Organization*		M 03	D 29
City Columbus	State OH	Zip Code 43209-2205	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Joseph T Carmichael Jr			Registration Number, if PAC	
Street Address 49 Summit Ridge Rd S	Employer/Occupation/Labor Organization*		M 03	D 26
City Reynoldsburg	State OH	Zip Code 43068-9686	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stephen W Von Jasinski			Registration Number, if PAC	
Street Address 1260 Broadview Ave	Employer/Occupation/Labor Organization*		M 03	D 29
City Columbus	State OH	Zip Code 43212-3344	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ty D Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization*		M 03	D 29
City Columbus	State OH	Zip Code 43214-2022	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stephen Slesnick			Registration Number, if PAC	
Street Address 4725 Greenbriar Sq NE	Employer/Occupation/Labor Organization*		M 03	D 29
City Canton	State OH	Zip Code 44714-1137	Y 12	Amount \$100.00
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 \$ 500.00