

## 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>
Page <u>2</u> 10.3.12 BH

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Mark Hummer			Registration Number, if PAC			
Street Address 1795 Edgemont Rd.	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Denny Roberge			Registration Number, if PAC			
Street Address 372 Cumberland Dr	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$70.00
City Columbus	State OH	Zip Code 43213-2059	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jacintha Kraft Balch			Registration Number, if PAC			
Street Address 240 N Stanwood Rd	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$70.00
City Columbus	State OH	Zip Code 43209-7500	Form (Cash, Check, etc.) Check			
Full Name of Contributor Citizens for Stinziano			Registration Number, if PAC			
Street Address 550 E Walnut St	Employer/Occupation/Labor Organization*		M 10	D 10	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43215-5323	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ted Ford			Registration Number, if PAC			
Street Address 1093 Blue Heron Dr	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$100.00
City Westerville	State OH	Zip Code 43082-7418	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-B" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$4,605.00
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\$1,281.00
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Page Total \$ <u>390.00</u>
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