

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

Prescribed by Secretary of State 3/05

Event Date	11/15/2011
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Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor George R. McCue			Registration Number, if PAC	
Street Address 4598 Bridle Path Ln	Employer/Occupation/Labor Organization*		M 11	D 16
City Dublin	State OH	Zip Code 43017-2597	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Melodee Siegel Kornacker			Registration Number, if PAC	
Street Address PO Box 218207	Employer/Occupation/Labor Organization*		M 11	D 18
City Columbus	State OH	Zip Code 43221-8207	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Georgeann G Peters			Registration Number, if PAC	
Street Address 1849 Chateaugay Way	Employer/Occupation/Labor Organization*		M 11	D 14
City Blacklick	State OH	Zip Code 43004-8002	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Edith R Garlikov			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 11	D 29
City Columbus	State OH	Zip Code 43215-6101	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen S Wittmann			Registration Number, if PAC	
Street Address 3383 Mann Rd	Employer/Occupation/Labor Organization*		M 11	D 16
City Blacklick	State OH	Zip Code 43004-8725	Y 11	Amount \$1,000.00
			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.

\$33,590.00

\$818.68

Page Total \$ 5,000.00