

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

Prescribed by Secretary of State 3/05

Event Date 05/12/2011

Page 4 5/12 Event

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Malcolm J Porter			Registration Number, if PAC	
Street Address 2436 Brentwood Rd	Employer/Occupation/Labor Organization* Public Member The Ohio Board of Speech		M 05	D 16
City Columbus	State OH	Zip Code 43209-2106	Y 11	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Peter A Precario			Registration Number, if PAC	
Street Address 877 Mohawk St	Employer/Occupation/Labor Organization* Attorney Precario & Pavlic		M 05	D 16
City Columbus	State OH	Zip Code 43206-2645	Y 11	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Roger K Jacobsen			Registration Number, if PAC	
Street Address 307 Chasely Cir	Employer/Occupation/Labor Organization* Engineer Stantec Sunset Development		M 05	D 16
City Powell	State OH	Zip Code 43065-8486	Y 11	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Timothy M Rieder			Registration Number, if PAC	
Street Address 12310 New Delaware Rd	Employer/Occupation/Labor Organization* Investment Banker US Bank		M 05	D 16
City Mount Vernon	State OH	Zip Code 43050-9049	Y 11	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William J Flaherty			Registration Number, if PAC	
Street Address 2081 Tremont Rd	Employer/Occupation/Labor Organization* Administrator Franklin County		M 05	D 16
City Columbus	State OH	Zip Code 43221-4238	Y 11	Amount \$200.00
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.

\$3,630.00

\$100.00

Page Total \$ 800.00