

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

Prescribed by Secretary of State 3/05

Event Date	03/28/2012
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Name of Committee in Full Paula Brooks Committee								
Full Name of Contributor John S. Christie					Registration Number, if PAC			
Street Address 1760 Cambridge Blvd		Employer/Occupation/Labor Organization*			M	D	Y	Amount \$250.00
City Upper Arlington		State OH	Zip Code 43212-1930		Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey L Brown					Registration Number, if PAC			
Street Address 37 W Broad St		Employer/Occupation/Labor Organization*			M	D	Y	Amount \$250.00
City Columbus		State OH	Zip Code 43215-4132		Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert D. Weisman					Registration Number, if PAC			
Street Address 7277 Penneyroyal Pl		Employer/Occupation/Labor Organization*			M	D	Y	Amount \$300.00
City Dublin		State OH	Zip Code 43017-2171		Form (Cash, Check, etc.) Check			
Full Name of Contributor Richard J. Ryan Jr					Registration Number, if PAC			
Street Address 1775 Willow Way Creek		Employer/Occupation/Labor Organization*			M	D	Y	Amount \$300.00
City Columbus		State OH	Zip Code 43229-4318		Form (Cash, Check, etc.) Check			
Full Name of Contributor Edith R Garlikov					Registration Number, if PAC			
Street Address 41 S High St		Employer/Occupation/Labor Organization*			M	D	Y	Amount \$500.00
City Columbus		State OH	Zip Code 43215-6101		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 \$ 1,600.00