

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

Prescribed by Secretary of State 3/05

Event Date <u>06/14/2012</u>
Page <u>5</u> 6.14 Women

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Joseph A Ridgeway Jr			Registration Number, if PAC			
Street Address 2700 Sherwood Rd	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$400.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mary K Lazarus			Registration Number, if PAC			
Street Address 2094 Park Hill Dr	Employer/Occupation/Labor Organization*		M 05	D 30	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43209-1641	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mary K Lazarus			Registration Number, if PAC			
Street Address 2094 Park Hill Dr	Employer/Occupation/Labor Organization*		M 06	D 25	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43209-1641	Form (Cash, Check, etc.) Check			
Full Name of Contributor Patricia M Jurgensen			Registration Number, if PAC			
Street Address 300 W Spring St	Employer/Occupation/Labor Organization*		M 06	D 25	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43215-7663	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tobias A Iloka			Registration Number, if PAC			
Street Address 6677 Spring Run Dr	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$500.00
City Westerville	State OH	Zip Code 43082-9240	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.

\$18,850.00

\$0.00

Page Total \$ 2,400.00