

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 D. Michael Miller				Registration Number, if PAC			
Street Address 6024 Bentgate Ln	Employer/Occupation/Labor Organization*			M 11	D 16	Y 11	Amount \$250.00
City Columbus	State OH	Zip Code 43230-8383		Form (Cash, Check, etc.) Check			
Full Name of Contributor David M Feinberg				Registration Number, if PAC			
Street Address 4097 Manor Oaks Ct	Employer/Occupation/Labor Organization*			M 11	D 16	Y 11	Amount \$250.00
City Export	State PA	Zip Code 15632-9200		Form (Cash, Check, etc.) Check			
Full Name of Contributor Dan Mowbray				Registration Number, if PAC			
Street Address 196 S Grant Ave	Employer/Occupation/Labor Organization*			M 11	D 10	Y 11	Amount \$250.00
City Columbus	State OH	Zip Code 43215-8366		Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor Columbus/Central Ohio Building Trades Council Ed. Fd				Registration Number, if PAC PCE 6131			
Street Address 555 E Rich St	Employer/Occupation/Labor Organization*			M 11	D 01	Y 11	Amount \$250.00
City Columbus	State OH	Zip Code 43215-5356		Form (Cash, Check, etc.) Check			
Full Name of Contributor MOR-PAC				Registration Number, if PAC COO 470708			
Street Address PO Box 91312	Employer/Occupation/Labor Organization*			M 10	D 19	Y 11	Amount \$250.00
City Columbus	State OH	Zip Code 43209-7312		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 \$ 1,250.00