

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

Prescribed by Secretary of State 3/05

Event Date 05/12/2011
Page 1 5/12 Event

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Ronald Botts			Registration Number, if PAC	
Street Address 189 S Kellner Rd	Employer/Occupation/Labor Organization* Pastor St. John's Church		M 05	D 06
City Columbus	State OH	Zip Code 43209-2042	Y 11	Amount \$25.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel F Trevas			Registration Number, if PAC	
Street Address 216 S James Rd	Employer/Occupation/Labor Organization* Attorney, Senior Consultant Nationwide Mutual Insu		M 05	D 16
City Columbus	State OH	Zip Code 43213-2246	Y 11	Amount \$25.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph A. Palazzo			Registration Number, if PAC	
Street Address 5854 Ravine Creek Dr	Employer/Occupation/Labor Organization*		M 05	D 16
City Grove City	State OH	Zip Code 43123-8597	Y 11	Amount \$25.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Bisciotti			Registration Number, if PAC	
Street Address 6059 Homewell St	Employer/Occupation/Labor Organization* Human Resources Franklin County Clerk of Courts		M 05	D 16
City Hilliard	State OH	Zip Code 43026-7199	Y 11	Amount \$25.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Francine C. Ryan			Registration Number, if PAC	
Street Address 1452 Ironwood Dr	Employer/Occupation/Labor Organization*		M 05	D 16
City Columbus	State OH	Zip Code 43229-4318	Y 11	Amount \$25.00
			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 \$ 125.00