

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

Prescribed by Secretary of State 3/05

Event Date 05/12/2011  
Page 2 5/12 Event

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Michael L Silberstein			Registration Number, if PAC	
Street Address 1088 Fountain Ln	Employer/Occupation/Labor Organization* Financial Representative Northwestern		M 04	D 21
City Columbus	State OH	Zip Code 43213-3208	Y 11	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Zachary E. Manifold			Registration Number, if PAC	
Street Address 4412 Fileway Dr	Employer/Occupation/Labor Organization* Executive Director Franklin County		M 05	D 16
City Grove City	State OH	Zip Code 43123-8462	Y 11	Amount \$35.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Patricia Marida			Registration Number, if PAC	
Street Address 1710 Dorsetshire Rd	Employer/Occupation/Labor Organization*		M 05	D 16
City Columbus	State OH	Zip Code 43229-2165	Y 11	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Audet			Registration Number, if PAC	
Street Address 926 S Roosevelt Ave	Employer/Occupation/Labor Organization* Human Resources Ohio Dept. of		M 05	D 16
City Columbus	State OH	Zip Code 43209-2543	Y 11	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed J Sweeney			Registration Number, if PAC	
Street Address 3801 Norbrook Dr	Employer/Occupation/Labor Organization* Director of Operations House of Hope for		M 05	D 16
City Upper Arlington	State OH	Zip Code 43220-4704	Y 11	Amount \$50.00
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 \$ 205.00