

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

Prescribed by Secretary of State 3/05

Event Date 05/12/2011  
Page 3 5/12 Event

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Michael Bean			Registration Number, if PAC	
Street Address 1794 Franklin Ave	Employer/Occupation/Labor Organization* Minister St Paul AME		M 05	D 16
City Columbus	State OH	Zip Code 43205-2216	Y 11	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Anne F Jewel			Registration Number, if PAC	
Street Address 1541 Cambridge Blvd	Employer/Occupation/Labor Organization* Attorney State of Ohio		M 05	D 16
City Columbus	State OH	Zip Code 43212-2713	Y 11	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Zachary Scott			Registration Number, if PAC	
Street Address 7784 Rowles Dr	Employer/Occupation/Labor Organization* Community Relations Franklin County		M 05	D 16
City Columbus	State OH	Zip Code 43235-4593	Y 11	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Wright			Registration Number, if PAC	
Street Address 1569 Langston Dr	Employer/Occupation/Labor Organization*		M 05	D 16
City Columbus	State OH	Zip Code 43220-3935	Y 11	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Contributions of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 05	D 27
City	State	Zip Code	Y 11	Amount \$50.00
			Form (Cash, Check, etc.) Cash	

\* 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 \$ 250.00