

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

Prescribed by Secretary of State 3/05

Event Date <u>10/03/2012</u>
Page <u>1</u> 10.3.12 BH

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Robert Bisciotti			Registration Number, if PAC			
Street Address 6059 Homewell St	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$25.00
City Hilliard	State OH	Zip Code 43026-7199	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mary Jo Cusack			Registration Number, if PAC			
Street Address 7140 N High St	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$35.00
City Worthington	State OH	Zip Code 43085-2495	Form (Cash, Check, etc.) Check			
Full Name of Contributor Timothy Fuller			Registration Number, if PAC			
Street Address 8236 Sanctuary Dr	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$35.00
City Columbus	State OH	Zip Code 43235-4639	Form (Cash, Check, etc.) Check			
Full Name of Contributor Leslie Huntington			Registration Number, if PAC			
Street Address 2040 Willowick Cir	Employer/Occupation/Labor Organization*		M 10	D 04	Y 12	Amount \$35.00
City Columbus	State OH	Zip Code 43229-1526	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael L Silberstein			Registration Number, if PAC			
Street Address 1088 Fountain Ln	Employer/Occupation/Labor Organization*		M 10	D 03	Y 12	Amount \$35.00
City Columbus	State OH	Zip Code 43213-3208	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.

\$4,605.00

\$1,281.00

Page Total \$ 165.00
