

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

Prescribed by Secretary of State 3/05

Event Date <u>06/14/2012</u>
Page <u>6</u> 6.14 Women

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Shirine Mafi			Registration Number, if PAC			
Street Address 811 Troon Trl	Employer/Occupation/Labor Organization*		M 07	D 02	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43085-2949	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gloria M Heydlauff			Registration Number, if PAC			
Street Address 2390 Sheringham Rd	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43220-4368	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sherri M Geldin			Registration Number, if PAC			
Street Address 2503 Bryden Rd	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43209-2133	Form (Cash, Check, etc.) Check			
Full Name of Contributor Louis J Goorey			Registration Number, if PAC			
Street Address 2201 Castle Crest Dr	Employer/Occupation/Labor Organization*		M 06	D 26	Y 12	Amount \$500.00
City Worthington	State OH	Zip Code 43085-2901	Form (Cash, Check, etc.) Check			
Full Name of Contributor David D Hetzler			Registration Number, if PAC			
Street Address 1645 Ridgeway Pl	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43212-3320	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.

\$18,850.00

\$0.00

Page Total \$ 2,500.00
