

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>1</u> 6.14 Women

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Joseph T Carmichael Jr			Registration Number, if PAC			
Street Address 49 Summit Ridge Rd S	Employer/Occupation/Labor Organization*		M 06	D 25	Y 12	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068-9686	Form (Cash, Check, etc.) Check			
Full Name of Contributor Fred A. Portman			Registration Number, if PAC			
Street Address 201 S Drexel Ave	Employer/Occupation/Labor Organization*		M 06	D 21	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43209-1740	Form (Cash, Check, etc.) Check			
Full Name of Contributor Loann W. Crane			Registration Number, if PAC			
Street Address 1 Miranova Pl	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43215-5079	Form (Cash, Check, etc.) Check			
Full Name of Contributor Loann W. Crane			Registration Number, if PAC			
Street Address 1 Miranova Pl	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43215-5079	Form (Cash, Check, etc.) Check			
Full Name of Contributor James R Hanson			Registration Number, if PAC			
Street Address 2247 Arlington Ave	Employer/Occupation/Labor Organization*		M 06	D 25	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43221-4229	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 \$ 500.00
