

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

Prescribed by Secretary of State 3/05

Event Date	11/15/2011
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Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Richard A Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Rd	Employer/Occupation/Labor Organization*		M 11	D 16
City Upper Arlington	State OH	Zip Code 43212-1957	Y 11	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ty D Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43214-2022	Y 11	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gregory A Cunningham			Registration Number, if PAC	
Street Address 670 Glenmont Ave	Employer/Occupation/Labor Organization*		M 11	D 07
City Columbus	State OH	Zip Code 43214-3212	Y 11	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rodney H Wasserstrom			Registration Number, if PAC	
Street Address 2655 Sherwood Rd	Employer/Occupation/Labor Organization*		M 11	D 16
City Columbus	State OH	Zip Code 43209-2155	Y 11	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nicholas K Akins			Registration Number, if PAC	
Street Address 7788 Boylston Ct	Employer/Occupation/Labor Organization*		M 11	D 22
City Dublin	State OH	Zip Code 43016-9488	Y 11	Amount \$500.00
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.

\$33,590.00

\$818.68

Page Total \$ 2,250.00