

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

Prescribed by Secretary of State 3/05

Event Date <u>02/09/2012</u>
Page <u>3</u> 2/9 Event

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Steven L Heiser			Registration Number, if PAC			
Street Address 1687 Doone Rd	Employer/Occupation/Labor Organization*		M 02	D 10	Y 12	Amount \$250.00
City Upper Arlington	State OH	Zip Code 43221-3808	Form (Cash, Check, etc.) Check			
Full Name of Contributor William A. Goldman			Registration Number, if PAC			
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M 02	D 07	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43215-7631	Form (Cash, Check, etc.) Check			
Full Name of Contributor Carol O Ray			Registration Number, if PAC			
Street Address 2030 Tremont Rd	Employer/Occupation/Labor Organization*		M 02	D 02	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43221-4330	Form (Cash, Check, etc.) Check			
Full Name of Contributor Helena Anderson			Registration Number, if PAC			
Street Address 1981 Tremont Rd	Employer/Occupation/Labor Organization*		M 02	D 10	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43212-1062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan H Starr			Registration Number, if PAC			
Street Address 2957 N Perch Row	Employer/Occupation/Labor Organization*		M 02	D 10	Y 12	Amount \$500.00
City Port Clinton	State OH	Zip Code 43452-3303	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.

\$11,200.00

\$0.00

Page Total \$ <u>1,500.00</u>
