

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

Prescribed by Secretary of State 3/05

Event Date <u>08/29/2012</u>
Page <u>1</u> 8.29Denovo

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Rosalie Schottenstein						Registration Number, if PAC	
Street Address 208 E Blenkner St		Employer/Occupation/Labor Organization*		M 09	D 06	Y 12	Amount \$25.00
City Columbus		State OH	Zip Code 43206-1261		Form (Cash, Check, etc.) Check		
Full Name of Contributor Kimberly E. Marinello						Registration Number, if PAC	
Street Address 80 Williams Rd		Employer/Occupation/Labor Organization*		M 08	D 30	Y 12	Amount \$50.00
City Columbus		State OH	Zip Code 43207		Form (Cash, Check, etc.) Check		
Full Name of Contributor Nirmal Sinha						Registration Number, if PAC	
Street Address 6470 Meadowbrook Cir		Employer/Occupation/Labor Organization*		M 09	D 06	Y 12	Amount \$100.00
City Worthington		State OH	Zip Code 43085-2864		Form (Cash, Check, etc.) Check		
Full Name of Contributor James L Baumann						Registration Number, if PAC	
Street Address 205 Lakeshore Dr W		Employer/Occupation/Labor Organization*		M 08	D 29	Y 12	Amount \$100.00
City Hebron		State OH	Zip Code 43025-9428		Form (Cash, Check, etc.) Check		
Full Name of Contributor Dianne A. Radigan						Registration Number, if PAC	
Street Address 900 Eastchester Dr		Employer/Occupation/Labor Organization*		M 08	D 13	Y 12	Amount \$100.00
City Columbus		State OH	Zip Code 43230-5137		Form (Cash, Check, etc.) Cash		

* 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.

\$21,775.00

\$1,016.38

Page Total \$ 375.00