

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

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Thomas L Long						Registration Number, if PAC	
Street Address 2565 Leeds Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				03	30	12	\$250.00
City Columbus		State OH	Zip Code 43221-3613	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Kirkley						Registration Number, if PAC	
Street Address 7548 Overland Trl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				03	29	12	\$250.00
City Delaware		State OH	Zip Code 43015-7037	Form (Cash, Check, etc.) Check			
Full Name of Contributor Daniel R Helmick						Registration Number, if PAC	
Street Address 2050 Ellington Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				03	29	12	\$250.00
City Columbus		State OH	Zip Code 43221-4139	Form (Cash, Check, etc.) Check			
Full Name of Contributor William B. Conner Jr.						Registration Number, if PAC	
Street Address 55 E State St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				03	29	12	\$250.00
City Columbus		State OH	Zip Code 43215-4264	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan J Goodenow						Registration Number, if PAC	
Street Address 2128 Tall Timbers Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				03	29	12	\$250.00
City Columbus		State OH	Zip Code 43228-9638	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

\$11,625.00
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\$194.95
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Page Total \$ 1,250.00
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