

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

Prescribed by Secretary of State 3/05

Event Date 03/28/2012

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Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Marianne Gabel						Registration Number, if PAC	
Street Address 49 Forest Ave		Employer/Occupation/Labor Organization*				M 03	D 29
						Y 12	Amount \$500.00
City Delaware		State OH	Zip Code 43015-1620		Form (Cash, Check, etc.) Check		
Full Name of Contributor Dale E Heydlauff						Registration Number, if PAC	
Street Address 2390 Sheringham Rd		Employer/Occupation/Labor Organization*				M 03	D 22
						Y 12	Amount \$500.00
City Upper Arlington		State OH	Zip Code 43220-4368		Form (Cash, Check, etc.) Check		
Full Name of Contributor Shirine Mafi						Registration Number, if PAC	
Street Address 811 Troon Trl		Employer/Occupation/Labor Organization*				M 03	D 29
						Y 12	Amount \$500.00
City Columbus		State OH	Zip Code 43085-2949		Form (Cash, Check, etc.) Check		
Full Name of Contributor James G Sicaras						Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd		Employer/Occupation/Labor Organization*				M 03	D 29
						Y 12	Amount \$500.00
City Columbus		State OH	Zip Code 43221-4112		Form (Cash, Check, etc.) Check		
Full Name of Contributor Richard A Talbott						Registration Number, if PAC	
Street Address 4236 Shire Cove Rd		Employer/Occupation/Labor Organization*				M 03	D 29
						Y 12	Amount \$1,000.00
City Hilliard		State OH	Zip Code 43026-2474		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

\$194.95

Page Total \$ 3,000.00