

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>5</u> 8.29Denovo

Name of Committee in Full Paula Brooks Committee							
Full Name of Contributor Jack Xinda Lee				Registration Number, if PAC			
Street Address 6176 Haddo Way		Employer/Occupation/Labor Organization*		M 08	D 13	Y 12	Amount \$1,000.00
City Dublin		State OH	Zip Code 43017-8527		Form (Cash, Check, etc.) Check		
Full Name of Contributor Samuel C Reed				Registration Number, if PAC			
Street Address 7230 Harbor Blue Place Pl		Employer/Occupation/Labor Organization*		M 08	D 13	Y 12	Amount \$1,000.00
City Pickerington		State OH	Zip Code 43147		Form (Cash, Check, etc.) Check		
Full Name of Contributor Ann Hoaglin				Registration Number, if PAC			
Street Address 43 Preston Rd		Employer/Occupation/Labor Organization*		M 08	D 23	Y 12	Amount \$1,000.00
City Columbus		State OH	Zip Code 43209-1652		Form (Cash, Check, etc.) Check		
Full Name of Contributor John C Vorys				Registration Number, if PAC			
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*		M 08	D 23	Y 12	Amount \$1,000.00
City Columbus		State OH	Zip Code 43215-3108		Form (Cash, Check, etc.) Check		
Full Name of Contributor Shyam V Rajadhyaksha				Registration Number, if PAC			
Street Address 265 S 5th St		Employer/Occupation/Labor Organization*		M 08	D 13	Y 12	Amount \$1,000.00
City Columbus		State OH	Zip Code 43215-5217		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.

\$21,775.00

\$1,016.38

Page Total \$ <u>5,000.00</u>
