

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

Prescribed by Secretary of State 3/05

Event Date	08/29/2012
Page	4 8.29Denovo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor John P. Gilligan			Registration Number, if PAC	
Street Address 1420 Castleton Rd N	Employer/Occupation/Labor Organization*		M 08	D 30
City Upper Arlington	State OH	Zip Code 43220-3810	Y 12	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gregory B. Comfort			Registration Number, if PAC	
Street Address 2275 Onandaga Dr	Employer/Occupation/Labor Organization*		M 08	D 23
City Columbus	State OH	Zip Code 43221-3689	Y 12	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jasmine Sornabala			Registration Number, if PAC	
Street Address 4186 James River Rd	Employer/Occupation/Labor Organization*		M 08	D 30
City New Albany	State OH	Zip Code 43054-8939	Y 12	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Deanna English			Registration Number, if PAC	
Street Address 6608 Carinlough Pl	Employer/Occupation/Labor Organization*		M 08	D 23
City Dublin	State OH	Zip Code 43016-6005	Y 12	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lisa Huang			Registration Number, if PAC	
Street Address 9332 Naples Ln	Employer/Occupation/Labor Organization*		M 08	D 13
City Dublin	State OH	Zip Code 43016-6113	Y 12	Amount \$700.00
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 \$ 2,700.00