

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

Prescribed by Secretary of State 3/05

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| Event Date <u>02/09/2012</u> |
| Page <u>4</u> 2/9 Event |

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|---|---|------------------------|---|---------|---------|----------------------|
| Name of Committee in Full Paula Brooks Committee | | | | | | |
| Full Name of Contributor Kenneth A Gamble | | | Registration Number, if PAC | | | |
| Street Address 1845 Lake Shore Dr | Employer/Occupation/Labor Organization* | | M 02 | D 02 | Y 12 | Amount \$500.00 |
| City Columbus | State OH | Zip Code 43204-4964 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor C. Robert Kidder | | | Registration Number, if PAC | | | |
| Street Address 191 W Nationwide Blvd | Employer/Occupation/Labor Organization* | | M 01 | D 26 | Y 12 | Amount \$500.00 |
| City Columbus | State OH | Zip Code 43215-2569 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Stella B. Kontras | | | Registration Number, if PAC | | | |
| Street Address 4725 Dierker Rd | Employer/Occupation/Labor Organization* | | M 01 | D 23 | Y 12 | Amount \$500.00 |
| City Columbus | State OH | Zip Code 43220-2942 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Steve A Bernard | | | Registration Number, if PAC | | | |
| Street Address 6805 Ravine Cir | Employer/Occupation/Labor Organization* | | M 02 | D 09 | Y 12 | Amount \$500.00 |
| City Worthington | State OH | Zip Code 43085-2886 | Form (Cash, Check, etc.) Credit Card | | | |
| Full Name of Contributor David J. Leland | | | Registration Number, if PAC | | | |
| Street Address 280 N High St | Employer/Occupation/Labor Organization* | | M 02 | D 10 | Y 12 | Amount \$1,000.00 |
| City Columbus | State OH | Zip Code 43215-2537 | 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.

| |
|-------------|
| \$11,200.00 |
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|--------|
| \$0.00 |
|--------|

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| Page Total \$ <u>3,000.00</u> |
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