

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

Prescribed by Secretary of State 3/05

Event Date	11/15/2011
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Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Mary Ann Krauss			Registration Number, if PAC	
Street Address 1980 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 11	D 02
City Columbus	State OH	Zip Code 43221-4113	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel J. Koch			Registration Number, if PAC	
Street Address 886 Bryden Rd	Employer/Occupation/Labor Organization*		M 11	D 04
City Columbus	State OH	Zip Code 43205-1729	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Susan Tomasky			Registration Number, if PAC	
Street Address 90 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 11	D 07
City Bexley	State OH	Zip Code 43209-1451	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Ronald J Ungvarsky			Registration Number, if PAC	
Street Address 90 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 11	D 07
City Bexley	State OH	Zip Code 43209-1451	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Edward P Ferris			Registration Number, if PAC	
Street Address 1959 Collingswood Rd	Employer/Occupation/Labor Organization*		M 11	D 08
City Columbus	State OH	Zip Code 43221-3739	Y 11	Amount \$1,000.00
			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.

\$33,590.00

\$818.68

Page Total \$ 5,000.00