

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

Prescribed by Secretary of State 3/05

Event Date <u>06/14/2012</u>
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Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor M. Jameson Crane			Registration Number, if PAC			
Street Address 2289 Onandaga Dr	Employer/Occupation/Labor Organization*		M 06	D 25	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43221-3689	Form (Cash, Check, etc.) Check			
Full Name of Contributor Don B Leach Jr.			Registration Number, if PAC			
Street Address 1236 Kenbrook Hills Dr	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$500.00
City Upper Arlington	State OH	Zip Code 43220-4968	Form (Cash, Check, etc.) Check			
Full Name of Contributor TaKeysha Sheppard Cheney			Registration Number, if PAC			
Street Address 6988 Greensward Rd	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$500.00
City New Albany	State OH	Zip Code 43054-8960	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barbara K Brandt			Registration Number, if PAC			
Street Address 2333 Brentwood Rd	Employer/Occupation/Labor Organization*		M 05	D 17	Y 12	Amount \$500.00
City Columbus	State OH	Zip Code 43209-2103	Form (Cash, Check, etc.) Check			
Full Name of Contributor Edward P Ferris			Registration Number, if PAC			
Street Address 1959 Collingswood Rd	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$800.00
City Columbus	State OH	Zip Code 43221-3739	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.

\$18,850.00

\$0.00

Page Total \$ 2,800.00