

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>
Page <u>2</u> 6.14 Women

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor William R Heifner			Registration Number, if PAC			
Street Address 3215 Rocky Fork Pl	Employer/Occupation/Labor Organization*		M 07	D 09	Y 12	Amount \$100.00
City Gahanna	State OH	Zip Code 43230-1972	Form (Cash, Check, etc.) Check			
Full Name of Contributor Grant A Wright			Registration Number, if PAC			
Street Address 2681 Woodstock Rd	Employer/Occupation/Labor Organization*		M 06	D 22	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43221-1719	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gary W Hammond			Registration Number, if PAC			
Street Address 556 E Town St	Employer/Occupation/Labor Organization*		M 06	D 22	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43215-4802	Form (Cash, Check, etc.) Check			
Full Name of Contributor Donald Lateiner			Registration Number, if PAC			
Street Address 49 Forest Ave	Employer/Occupation/Labor Organization*		M 06	D 22	Y 12	Amount \$100.00
City Delaware	State OH	Zip Code 43015-1620	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert J Gorman			Registration Number, if PAC			
Street Address 2029 Wickford Rd	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$100.00
City Columbus	State OH	Zip Code 43221-4223	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 \$ 500.00
