

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

Prescribed by Secretary of State 3/05

Event Date <u>06/20/2012</u>
Page <u>5</u> <u>Yenkin</u>

Name of Committee in Full Paula Brooks Committee									
Full Name of Contributor Eydie R Garlikov						Registration Number, if PAC			
Street Address 41 S High St		Employer/Occupation/Labor Organization*				M 06	D 15	Y 12	Amount \$500.00
City Columbus		State OH		Zip Code 43215-6101		Form (Cash, Check, etc.) Check			
Full Name of Contributor Rodney H Wasserstrom						Registration Number, if PAC			
Street Address 2655 Sherwood Rd		Employer/Occupation/Labor Organization*				M 06	D 15	Y 12	Amount \$500.00
City Columbus		State OH		Zip Code 43209-2155		Form (Cash, Check, etc.) Check			
Full Name of Contributor Harold D Keller						Registration Number, if PAC			
Street Address 543 Greenglade Ave		Employer/Occupation/Labor Organization*				M 06	D 25	Y 12	Amount \$500.00
City Worthington		State OH		Zip Code 43085-2291		Form (Cash, Check, etc.) Check			
Full Name of Contributor Miriam S Yenkin						Registration Number, if PAC			
Street Address 2720 Brentwood Rd		Employer/Occupation/Labor Organization*				M 06	D 21	Y 12	Amount \$1,000.00
City Columbus		State OH		Zip Code 43209-2219		Form (Cash, Check, etc.) Check			
Full Name of Contributor Lewis R Smoot Sr.						Registration Number, if PAC			
Street Address 3919 Sunbury Rd		Employer/Occupation/Labor Organization*				M 06	D 07	Y 12	Amount \$1,000.00
City Columbus		State OH		Zip Code 43219-3056		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.

\$15,100.00

\$1,059.38

Page Total \$ 3,500.00
