

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

Prescribed by Secretary of State 3/05

Event Date 03/28/2012

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Name of Committee in Full Paula Brooks Committee									
Full Name of Contributor Jeffrey D Milgrom						Registration Number, if PAC			
Street Address 1081 Bluffpoint Dr		Employer/Occupation/Labor Organization*				M	D	Y	Amount \$250.00
City Columbus		State OH	Zip Code 43235-2177		Form (Cash, Check, etc.) Check				
Full Name of Contributor Adam H. Trautner						Registration Number, if PAC			
Street Address 1208 Sanctuary Pl		Employer/Occupation/Labor Organization*				M	D	Y	Amount \$250.00
City Gahanna		State OH	Zip Code 43230-8490		Form (Cash, Check, etc.) Check				
Full Name of Contributor Shyam V Rajadhyaksha						Registration Number, if PAC			
Street Address 265 S 5th St		Employer/Occupation/Labor Organization*				M	D	Y	Amount \$250.00
City Columbus		State OH	Zip Code 43215-5217		Form (Cash, Check, etc.) Check				
Full Name of Contributor Larry J Hotchkiss						Registration Number, if PAC			
Street Address 1241 Dublin Rd		Employer/Occupation/Labor Organization*				M	D	Y	Amount \$250.00
City Columbus		State OH	Zip Code 43215-7048		Form (Cash, Check, etc.) Check				
Full Name of Contributor Grant Morrow III						Registration Number, if PAC			
Street Address 253 N Columbia Ave		Employer/Occupation/Labor Organization*				M	D	Y	Amount \$250.00
City Columbus		State OH	Zip Code 43209-1417		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.

\$11,625.00

\$194.95

Page Total \$ 1,250.00