

## 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>4</u> 6.14 Women

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor George J Kontogiannis			Registration Number, if PAC			
Street Address 380 S 5th St	Employer/Occupation/Labor Organization*		M 07	D 02	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43215-5414	Form (Cash, Check, etc.) Check			
Full Name of Contributor Farihan A Hannun			Registration Number, if PAC			
Street Address 2090 Rosebery Dr	Employer/Occupation/Labor Organization*		M 06	D 22	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43220-3062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ira Kane			Registration Number, if PAC			
Street Address 181 Stanbery Ave	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43209-1465	Form (Cash, Check, etc.) Check			
Full Name of Contributor Elizabeth P. Kessler			Registration Number, if PAC			
Street Address 4633 Yantis Dr	Employer/Occupation/Labor Organization*		M 06	D 27	Y 12	Amount \$250.00
City New Albany	State OH	Zip Code 43054-8910	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lisa Huang			Registration Number, if PAC			
Street Address 9332 Naples Ln	Employer/Occupation/Labor Organization*		M 06	D 29	Y 12	Amount \$250.00
City Dublin	State OH	Zip Code 43016-6113	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
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\$0.00
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Page Total \$ 1,250.00
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