

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

Prescribed by Secretary of State 3/05

Event Date <u>08/29/2012</u>
Page <u>6</u> 8.29Denovo

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor David J. Leland			Registration Number, if PAC			
Street Address 280 N High St	Employer/Occupation/Labor Organization*		M 08	D 30	Y 12	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215-2537	Form (Cash, Check, etc.) Check			
Full Name of Contributor Elizabeth B Crane			Registration Number, if PAC			
Street Address 279 N Columbia Ave	Employer/Occupation/Labor Organization*		M 08	D 23	Y 12	Amount \$1,000.00
City Columbus	State OH	Zip Code 43209-1417	Form (Cash, Check, etc.) Check			
Full Name of Contributor Peter G Brown			Registration Number, if PAC			
Street Address 4850 Mannboro Dr	Employer/Occupation/Labor Organization*		M 08	D 27	Y 12	Amount \$1,000.00
City Upper Arlington	State OH	Zip Code 43220-5413	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stanley D. Ross			Registration Number, if PAC			
Street Address 1660 W Henderson Road	Employer/Occupation/Labor Organization*		M 08	D 27	Y 12	Amount \$2,400.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey W. Edwards			Registration Number, if PAC			
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M 08	D 23	Y 12	Amount \$2,500.00
City Columbus	State OH	Zip Code 43215-5695	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.

\$21,775.00

\$1,016.38

Page Total \$ 7,900.00
