

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

Prescribed by Secretary of State 3/05

Event Date	07/31/2012		
Page	6	7.31 Mezzo	

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Mina Dioun			Registration Number, if PAC	
Street Address 6965 Clivdon Mews	Employer/Occupation/Labor Organization*		M 07	D 31
			Y 12	Amount \$2,500.00
City New Albany	State OH	Zip Code 43054-9600	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.

\$9,730.00

\$0.00

Page Total \$ 2,500.00