

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

Prescribed by Secretary of State 3/05

Event Date	07/31/2012
Page	1 7.31 Mezzo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Edward M Dunlap			Registration Number, if PAC	
Street Address 202 E Como Ave	Employer/Occupation/Labor Organization*		M 07	D 24
City Columbus	State OH	Zip Code 43202-1213	Y 12	Amount \$30.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Yung-Chen Lu			Registration Number, if PAC	
Street Address 1881 Brandywine Dr	Employer/Occupation/Labor Organization*		M 07	D 24
City Columbus	State OH	Zip Code 43220-4421	Y 12	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard T Beckett			Registration Number, if PAC	
Street Address 39 Grandview Dr	Employer/Occupation/Labor Organization*		M 08	D 02
City Dublin	State OH	Zip Code 43017-1311	Y 12	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Ronald J Koltak			Registration Number, if PAC	
Street Address 1963 N Devon Rd	Employer/Occupation/Labor Organization*		M 07	D 24
City Columbus	State OH	Zip Code 43212-1043	Y 12	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Ann Krauss			Registration Number, if PAC	
Street Address 1980 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 07	D 24
City Upper Arlington	State OH	Zip Code 43221-4113	Y 12	Amount \$100.00
			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 \$ 330.00
