

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

Prescribed by Secretary of State 3/05

Event Date	11/15/2011	
Page	9	11.15Bravo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor John N Mafi			Registration Number, if PAC	
Street Address 19 Winchester St	Employer/Occupation/Labor Organization*		M 11	D 16
City Brookline	State MA	Zip Code 02446-2794	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Nicholas R Mafi			Registration Number, if PAC	
Street Address 159 2nd Ave	Employer/Occupation/Labor Organization*		M 11	D 16
City New York	State NY	Zip Code 10003-5774	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mina Dioun			Registration Number, if PAC	
Street Address 6965 Clivdon Mews	Employer/Occupation/Labor Organization*		M 11	D 16
City New Albany	State OH	Zip Code 43054-9600	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick Amari			Registration Number, if PAC	
Street Address 4400 Shull Rd	Employer/Occupation/Labor Organization*		M 11	D 01
City Gahanna	State OH	Zip Code 43230-1951	Y 11	Amount \$1,000.00
			Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor James P. Joyce			Registration Number, if PAC	
Street Address 3770 Ridge Mill Dr	Employer/Occupation/Labor Organization*		M 11	D 02
City Hilliard	State OH	Zip Code 43026	Y 11	Amount \$1,000.00
			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.

\$33,590.00

\$818.68

Page Total \$ 5,000.00