

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

Prescribed by Secretary of State 3/05

Event Date	07/31/2012
Page	2 7.31 Mezzo

Name of Committee in Full Paula Brooks Committee				
Full Name of Contributor Michael L Silberstein			Registration Number, if PAC	
Street Address 1088 Fountain Ln	Employer/Occupation/Labor Organization*		M 07	D 31
City Columbus	State OH	Zip Code 43213-3208	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Manuel Tzagournis			Registration Number, if PAC	
Street Address 4335 Sawmill Rd	Employer/Occupation/Labor Organization*		M 07	D 13
City Columbus	State OH	Zip Code 43220-2243	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Kopech			Registration Number, if PAC	
Street Address 1684 Cambridge Blvd	Employer/Occupation/Labor Organization*		M 07	D 31
City Columbus	State OH	Zip Code 43212-1973	Y 12	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Marilee Chinnici-Zuercher			Registration Number, if PAC	
Street Address 6043 Glenbarr Pl	Employer/Occupation/Labor Organization*		M 07	D 31
City Dublin	State OH	Zip Code 43017-9055	Y 12	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Marilyn Pritchett			Registration Number, if PAC	
Street Address 4185 Chadbourne Dr	Employer/Occupation/Labor Organization*		M 07	D 27
City Columbus	State OH	Zip Code 43220-3917	Y 12	Amount \$200.00
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 \$ 650.00