

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

Prescribed by Secretary of State 3/05

Event Date <u>07/31/2012</u>
Page <u>3</u> 7.31 Mezzo

Name of Committee in Full Paula Brooks Committee						
Full Name of Contributor Albert A. Gabel			Registration Number, if PAC			
Street Address 7190 Coffman Rd	Employer/Occupation/Labor Organization*		M 07	D 31	Y 12	Amount \$250.00
City Dublin	State OH	Zip Code 43017-1032	Form (Cash, Check, etc.) Check			
Full Name of Contributor Paul A Gelpi			Registration Number, if PAC			
Street Address 1535 Bethel Rd	Employer/Occupation/Labor Organization*		M 07	D 26	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43220-2003	Form (Cash, Check, etc.) Check			
Full Name of Contributor Joseph T Carmichael Jr			Registration Number, if PAC			
Street Address 49 Summit Ridge Rd S	Employer/Occupation/Labor Organization*		M 07	D 24	Y 12	Amount \$250.00
City Reynoldsburg	State OH	Zip Code 43068-9686	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey D Milgrom			Registration Number, if PAC			
Street Address 1081 Bluffpoint Dr	Employer/Occupation/Labor Organization*		M 07	D 31	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43235-2177	Form (Cash, Check, etc.) Check			
Full Name of Contributor Paul Tipps			Registration Number, if PAC			
Street Address 1020 S Pearl St	Employer/Occupation/Labor Organization*		M 07	D 23	Y 12	Amount \$250.00
City Columbus	State OH	Zip Code 43206-2529	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 \$ 1,250.00