



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Paula Brooks Committee			
To Whom Paid National Association of County Commissioners		Date (MM/DD/YYYY) 3/21/2012	Amount 100.00
Street Address 660 North Capitol St NW		Purpose Meeting Expense	
City Washington	State DC	Zip Code 20001	Check Number DC
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 100.00