

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Brooks Committee				
To Whom Paid Bravo	M 3	D 15	Y 11	Amount \$100.00
Address 3000 Hayden Rd	Purpose Event Catering			
City Columbus	State OH	Zip Code 43235-7243	Check Number 5768	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.