

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Brooks Committee							
Full Name Payments from Form no. 31-K						Registration Number, if PAC	
Address		Type*		M	D	Y	Amount \$0.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Full Name Sheraton						Registration Number, if PAC	
Address 811 7th Ave		Type* RE		M 08	D 27	Y 2013	Amount \$764.43
City New York	State NY	Zip Code 10019-6002		Form (Cash, Check, etc.) Electronic Transfer			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.