

## 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 Catering Suite 4044	M 4	D 15	Y 13	Amount \$164.51
Address 3670 W Dublin Granville Rd		Purpose Meeting Expense		
City Columbus	State OH	Zip Code 43235-4904	Check Number DC	
To Whom Paid Catering Suite 4044	M 4	D 16	Y 13	Amount \$128.89
Address 3670 W Dublin Granville Rd		Purpose Event Catering		
City Columbus	State OH	Zip Code 43235-4904	Check Number DC	
To Whom Paid Catering Suite 4044	M 6	D 5	Y 13	Amount \$197.26
Address 3670 W Dublin Granville Rd		Purpose Event Catering		
City Columbus	State OH	Zip Code 43235-4904	Check Number DC	

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.