

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 De Novo	M 8	D 31	Y 12	Amount \$1,016.38
Address 201 S High St	Purpose Event Catering			
City Columbus	State OH	Zip Code 43215-4503	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.