

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Brooks Committee							
Full Name Paula L Brooks						Registration Number, if PAC	
Address 4585 Benderton Ct		Type* SA	M 08		D 31	Y 2011	Amount \$400.00
City Columbus		State OH	Zip Code 43220-3019		Form (Cash, Check, etc.) Check		

* 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.