

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Paula Brooks Committee</i>							
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 The Wellington School						Registration Number, if PAC	
Address 3650 Reed Rd		Type* RE		M 04	D 30	Y 2012	Amount \$125.00
City Columbus		State OH	Zip Code 43220-4825	Form (Cash, Check, etc.) Check			
Full Name United Airlines						Registration Number, if PAC	
Address 4600 International Gtwy		Type* RE		M 05	D 03	Y 2012	Amount \$139.00
City Columbus		State OH	Zip Code 43219-1779	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; RI 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.