

## 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 Concessions By Cox	M 3	D 21	Y 12	Amount \$194.95
Address 717 E 17th Ave		Purpose Event Catering		
City Columbus	State OH	Zip Code 43211-2489	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.

Page Total \$194.95