

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 Cornucopia	M 2	D 18	Y 13	Amount \$1,356.00
Address 2474 E Main St		Purpose Event Catering		
City Columbus	State OH	Zip Code 43209-2441	Check Number 6030	

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 \$1,356.00