

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 L.A. Catering	M 6	D 15	Y 12	Amount \$211.88
Address 1699 W Mound St		Purpose Event Catering		
City Columbus	State OH	Zip Code 43223-1809	Check Number 5936	
To Whom Paid L.A. Catering	M 7	D 3	Y 12	Amount \$847.50
Address 1699 W Mound St		Purpose Event Catering		
City Columbus	State OH	Zip Code 43223-1809	Check Number 5946	

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 \$1,059.38