

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 Columbus Partnership | M 6 | D 5 | Y 12 | Amount \$2,042.72 |
| Address 150 S Front St | Purpose Event Catering | | | |
| City Columbus | State OH | Zip Code 43215-7107 | Check Number 5927 | |

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.