



Statement of Expenditures

Form 31-B
R.C. 3517.10

Full Name of Committee Paula Brooks Committee			
To Whom Paid Puala Brooks for Congress		Date (MM/DD/YYYY) 11/28/2011	Amount 400.00
Street Address 545 E. Town St.		Purpose Laptop Purchase	
City Columbus	State OH	Zip Code 43215	Check Number 5828
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 400.00