

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Brooks Committee						
Full Name Payments from Form no. 31-K					Registration Number, if PAC	
Address		Type*	M	D	Y	Amount \$0.00
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name US Airway					Registration Number, if PAC	
Address 4600 International Gtwy		Type* RE	M 03	D 03	Y 2014	Amount \$15.00
City Columbus		State OH	Zip Code 43219-1779		Form (Cash, Check, etc.) Electronic Transfer	
Full Name US Airway					Registration Number, if PAC	
Address 4600 International Gtwy		Type* RE	M 03	D 03	Y 2014	Amount \$18.00
City Columbus		State OH	Zip Code 43219-1779		Form (Cash, Check, etc.) Electronic Transfer	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.