

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Brooks Committee							
Full Name Bravo						Registration Number, if PAC	
Address 3000 Hayden Rd			Type* RE	M 02	D 04	Y 2013	Amount \$100.00
City Columbus		State OH	Zip Code 43235-7243	Form (Cash, Check, etc.) Check			
Full Name Nationwide Insurance						Registration Number, if PAC	
Address 1 W Nationwide Blvd			Type* RE	M 02	D 04	Y 2013	Amount \$87.00
City Columbus		State OH	Zip Code 43215-2226	Form (Cash, Check, etc.) Check			
Full Name Paula L Brooks						Registration Number, if PAC	
Address 4585 Benderton Ct			Type* RE	M 05	D 02	Y 2013	Amount \$398.20
City Columbus		State OH	Zip Code 43220-3019	Form (Cash, Check, etc.) Check			
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.)			

* 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.