

### Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paula Brooks Committee								
Full Name National Association of Counties						Registration Number, if PAC		
Address 25 Massachusetts Ave NW				Type* RE	M 04	D 10	Y 2014	Amount \$50.00
City Washington		State DC	Zip Code 20001-1450		Form (Cash, Check, etc.) Electronic Transfer			
Full Name Paula L Brooks						Registration Number, if PAC		
Address 4585 Benderton Ct				Type* RE	M 03	D 19	Y 2014	Amount \$779.00
City Columbus		State OH	Zip Code 43220-3019		Form (Cash, Check, etc.) Check			
Full Name Paula L Brooks						Registration Number, if PAC		
Address 4585 Benderton Ct				Type* RE	M 04	D 07	Y 2014	Amount \$1,094.64
City Columbus		State OH	Zip Code 43220-3019		Form (Cash, Check, etc.) Check			
Full Name Stonewall Columbus						Registration Number, if PAC		
Address 1160 N High St				Type* RE	M 05	D 30	Y 2014	Amount \$110.00
City Columbus		State OH	Zip Code 43201-2411		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.