

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |   |  |               |                             |  |               |                           |
|---|--|--------------------|---|--|---------------|-----------------------------|--|---------------|---------------------------|
| Name of Committee in Full<br><b>COMMITTEE TO ELECT NORM BRUSK</b> |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor<br><b>SUSAN PAM BRUSK</b>                |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>1861 CROSSWICK COURT</b>                     |  |                    | Employer/Occupation/Labor Organization*<br><b>WIFE OF CANDIDATE</b> |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |                           |
| City<br><b>REYNOLDSBURG</b>                                       |  | State<br><b>OH</b> | Zip Code<br><b>43068</b>  |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>2</b>                            | Y<br><b>1</b> | Amount<br><b>\$900.00</b> |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization*                             |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State              | Zip Code  |  | M             | D                           | Y  | Amount        |                           |
| OH  |  |                    |   |  |               |                             |  |               |                           |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$900.00**