

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE				
Full Name of Contributor STEVE CAMPBELL			Registration Number, if PAC	
Street Address 110 JENINGS DR	Employer/Occupation/Labor Organization*		M D Y 0 7 2 1 1 6	Amount \$50.00
City CANAL WINCHESTER	State OH	Zip Code 43110	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AMANDA E. TRUMP			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 7 2 1 1 6	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43212	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOEL . KING JR			Registration Number, if PAC	
Street Address 651 WAYBAUGH DR	Employer/Occupation/Labor Organization* MINISTER		M D Y 0 7 2 1 1 6	Amount \$100.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TAMMY SCOTT			Registration Number, if PAC	
Street Address 7784 ROWLES DR	Employer/Occupation/Labor Organization*		M D Y 0 7 2 1 1 6	Amount \$100.00
City COLUMBUS	State OH	Zip Code 43235	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MISCELLANEOUS CASH			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 7 2 1 1 6	Amount \$125.00
City	State OH	Zip Code	Form (Cash, Check, etc.) CASH	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 7 2 1 1 6	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 7 2 1 1 6	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$850.00

Total expenditures this event.

\$348.93

Page Total \$ **\$425.00**