Page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Cheryl Brooks Sullivan Committee							_		
Full Name of Contributor			** · <u></u>	Registr	ation Nun	iber, if PA	C		
Melissa Barnhart									
Street Address	Employe	т/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)		
971 Grandview Ave		-	-				Check		
City	5	ate	Zíp Code	М	D	Y	Amount		
	1 _		1 '						
Columbus		<u> H</u>	43212	0 3			150.00		
Full Name of Contributor				Registr	ation Nun	nber, if PA	.c		
Melissa Barnhart				.					
Street Address	Employe	ег/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)		
971 Grandview Ave							Check		
City	Si	ate	Zip Code	М	D	Y	Amount		
Columbus		H	43212	013	2 1	116	250.00		
	1.0		43212						
Full Name of Contributor				Kegistr	ation Nun	nber, if PA	il.		
			···						
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
	1								
City	St	ate	Zip Code	М	D	Y	Amount		
		1	·	1 1					
Full Name of Contributor		!		Pagistr	ation Nur	nber, if PA	· · · · · · · · · · · · · · · · · · ·		
run Name of Commonor				Kegisii	auon 1300.	iloci, ii i A	i.e		
						_	I THE STATE OF THE		
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
City	Sı	tate	Zip Code	М	D	Y	Amount		
	l	l		1 .	1 +	1 1			
Full Name of Contributor		<u>'</u>	<u></u>	Registr	ation Nur	nber if PA	C		
Full Name of Contributor Registration Number, if PAC									
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
City	S	tate	Zip Code	М	D	Y	Amount		
	\ \	1	1	1 1	1 1				
Full Name of Contributor				Registr	ation Nu	nber, if PA	AC .		
				1					
Street Address	Employ	or/Oacum	ation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Linploy	ei/Occup	actor Digamzación				rom (Cash, Check, ctc.)		
						1			
City	S	tate	Zip Code	I M	D	Y	Amount		
Full Name of Contributor Registration Number,							\C		
Street Address	Employ	er/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)		
Stice Address	Linploy	Employer/Occupation East Organization					i onii (eddin, eneen, ener)		
			——————————————————————————————————————	1	 -	1 7/			
City	S	tate	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PAC							AC .		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
		mpro, an occupance sever organization							
Cim.		tate	Zip Code	М	D	Y	Amount		
City	"	1	Zip Code	141		1	ount		
						1			
and the second second individuals are \$100 to establish and or									

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 400.00