

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE							
Full Name of Contributor PATRICIA POWELL						Registration Number, if PAC	
Street Address 615 S. WEYANT AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43213	M 0	D 6	Y 1	Amount \$25.00
Full Name of Contributor MARQUITA BYARS						Registration Number, if PAC	
Street Address 1426 LILLIAN LN			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43227	M 0	D 6	Y 1	Amount \$25.00
Full Name of Contributor FREDERICK POINTS						Registration Number, if PAC	
Street Address 2705 SCOTTWOOD RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43209	M 0	D 6	Y 1	Amount \$100.00
Full Name of Contributor JOEL KING JR						Registration Number, if PAC	
Street Address 651 WAYBAUGH DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City GAHANNA		State OH	Zip Code 43230	M 0	D 6	Y 1	Amount \$25.00
Full Name of Contributor FREDERICK LAMARR						Registration Number, if PAC	
Street Address 996 OAKWOOD AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City COLUMBUS		State OH	Zip Code 43206	M 0	D 6	Y 1	Amount \$100.00
Full Name of Contributor BARBARA CARTER						Registration Number, if PAC	
Street Address 1708 ADAIR RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City COLUMBUS		State OH	Zip Code 43227	M 0	D 6	Y 1	Amount \$25.00
Full Name of Contributor CAROL MITCHELL						Registration Number, if PAC	
Street Address 1380 FABER AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43207	M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor WILLIAM GRABIEL						Registration Number, if PAC	
Street Address 6726 ARDWELL DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CANAL WINCHESTER		State OH	Zip Code 43110	M 0	D 7	Y 1	Amount \$50.00

* 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 **\$375.00**