

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

Prescribed by Secretary of State 03/05

|  |  |                          |  |                |                           |
|--|--|--------------------------|--|----------------|---------------------------|
| Name of Committee in Full<br><b>CHERYL BROOKS SULLIVAN COMMITTEERR</b> |  |                          |  |                |                           |
| Full Name of Contributor<br><b>STEVE CAMPBELL</b>                      |  |                          | Registration Number, if PAC              |                |                           |
| Street Address<br><b>110 JENNINGS DR</b>                               | Employer/Occupation/Labor Organization*<br><b>ANALYST</b>              | M<br><b>0</b>            | D<br><b>9</b>                            | Y<br><b>27</b> | Amount<br><b>\$50.00</b>  |
| City<br><b>CANAL WNCHESTER</b>   | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | Zip Code<br><b>43110</b> | Form (Cash, Check, etc.)<br><b>CHECK</b> |                |                           |
| Full Name of Contributor<br><b>AIMEE STARNER</b>                       |  |                          | Registration Number, if PAC              |                |                           |
| Street Address<br><b>1286 BURR AVE</b>                                 | Employer/Occupation/Labor Organization*<br><b>HOUSE KEEPER/SELF</b>    | M<br><b>0</b>            | D<br><b>9</b>                            | Y<br><b>27</b> | Amount<br><b>\$50.00</b>  |
| City<br><b>GRANDVIEW HEIGHTS</b>                                       | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | Zip Code<br><b>43212</b> | Form (Cash, Check, etc.)<br><b>CHECK</b> |                |                           |
| Full Name of Contributor<br><b>NICHOLAS TEBBE</b>                      |  |                          | Registration Number, if PAC              |                |                           |
| Street Address<br><b>1044 HAMLET ST</b>                                | Employer/Occupation/Labor Organization*<br><b>MANAGER/OSU</b>          | M<br><b>0</b>            | D<br><b>9</b>                            | Y<br><b>27</b> | Amount<br><b>\$25.00</b>  |
| City<br><b>COLUMBUS</b>  | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | Zip Code<br><b>43201</b> | Form (Cash, Check, etc.)<br><b>CHECK</b> |                |                           |
| Full Name of Contributor<br><b>ZACHARY SCOTT</b>                       |  |                          | Registration Number, if PAC              |                |                           |
| Street Address<br><b>7784 ROWLES DR</b>                                | Employer/Occupation/Labor Organization*<br><b>SHERIFF/FRANKLIN CTY</b> | M<br><b>0</b>            | D<br><b>9</b>                            | Y<br><b>27</b> | Amount<br><b>\$100.00</b> |
| City<br><b>COLUMBUS</b>  | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | Zip Code<br><b>43235</b> | Form (Cash, Check, etc.)<br><b>CHECK</b> |                |                           |
| Full Name of Contributor<br><b>JEFFREY MILGROM</b>                     |  |                          | Registration Number, if PAC              |                |                           |
| Street Address<br><b>1081 BLUFFPOINT DR</b>                            | Employer/Occupation/Labor Organization*<br><b>MARKETING/SELF</b>       | M<br><b>0</b>            | D<br><b>9</b>                            | Y<br><b>27</b> | Amount<br><b>\$250.00</b> |
| City<br><b>COLUMBUS</b>  | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | Zip Code<br><b>43235</b> | Form (Cash, Check, etc.)<br><b>CHECK</b> |                |                           |
| Full Name of Contributor<br><b>PHYLISS KEMP</b>                        |  |                          | Registration Number, if PAC              |                |                           |
| Street Address<br><b>549 COOKE RD</b>                                  | Employer/Occupation/Labor Organization*<br><b>ANALYST/FRANKLIN CTY</b> | M<br><b>0</b>            | D<br><b>9</b>                            | Y<br><b>27</b> | Amount<br><b>\$25.00</b>  |
| City<br><b>MANSFIELD</b>   | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | Zip Code<br><b>44907</b> | Form (Cash, Check, etc.)<br><b>CHCK</b>  |                |                           |
| Full Name of Contributor   |  |                          | Registration Number, if PAC              |                |                           |
| Street Address   | Employer/Occupation/Labor Organization*                                | M                        | D  | Y              | Amount                    |
| City   | State<br><b>OH</b> <input checked="" type="checkbox"/>                 | 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

**\$500.00**

Total expenditures this event.

**\$200.00**

Page Total \$ **\$500.00**