

# Statement of Contributions Received

Page \_\_\_\_\_

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE TO ELECT NORM BRUSK</b>									
Full Name of Contributor <b>NORMAN &amp; SUSAN PAM BRUSK</b>						Registration Number, if PAC			
Street Address <b>1861 CROSSWICK COURT</b>			Employer/Occupation/Labor Organization* <b>SELF</b>				Form (Cash, Check, etc.) <b>CASH</b>		
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M D Y <b>03 06 15</b>		Amount <b>1000.00</b>
Full Name of Contributor <b>CONNIE TURNER</b>						Registration Number, if PAC			
Street Address <b>1132 GIBSON RD.</b>			Employer/Occupation/Labor Organization* <b>FRIEND / RETIRED</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M D Y <b>03 16 15</b>		Amount <b>50.00</b>
Full Name of Contributor <b>NORMAN BRUSK</b>						Registration Number, if PAC			
Street Address <b>1861 CROSSWICK COURT</b>			Employer/Occupation/Labor Organization* <b>SELF</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M D Y <b>02 04 15</b>		Amount <b>45.00</b>
Full Name of Contributor <b>NORMAN BRUSK</b>						Registration Number, if PAC			
Street Address <b>1861 CROSSWICK COURT</b>			Employer/Occupation/Labor Organization* <b>SELF</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M D Y <b>03 16 15</b>		Amount <b>35.00</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
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
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
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

\* 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 \$ **1130.00**