

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE					
Full Name PARISH MUSICAL ARTS			Registration Number, if PAC		
Address 1728 E. BROAD ST		Type* RE	M D Y 0 8 0 1 1 6		Amount \$55.00
City COLUMBUS		State OH	Zip Code 43203		Form (Cash, Check, etc.) UNCASHED CHECK
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
City		State	Zip Code		Form (Cash, Check, etc.)

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.