

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full <b>CHERYL BROOKS SULLIVAN COMMITTEE</b>												
Full Name of Contributor <b>MARIBA &amp; BARBARA KELSEY</b>							Registration Number, if PAC					
Street Address <b>3692 TROUT LILY CT</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>					
City <b>ATLANTA</b>		State <b>GA</b> <input checked="" type="checkbox"/>		Zip Code <b>30349</b>		M <b>0</b>		D <b>7</b>		Y <b>2 3 1 6</b>		Amount <b>\$100.00</b>
Full Name of Contributor <b>JASON M. JONES</b>							Registration Number, if PAC					
Street Address <b>22100 VICTORY BLVD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>					
City <b>WOODLADND HILLS</b>		State <b>CA</b> <input checked="" type="checkbox"/>		Zip Code <b>91367</b>		M <b>0</b>		D <b>9</b>		Y <b>1 4 1 6</b>		Amount <b>\$100.00</b>
Full Name of Contributor <b>JOSEPH C. SUMMER</b>							Registration Number, if PAC					
Street Address <b>5672 GREAT HALL CT</b>				Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>					
City <b>COLUMBUS</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43231</b>		M <b>0</b>		D <b>9</b>		Y <b>2 9 1 6</b>		Amount <b>\$250.00</b>
Full Name of Contributor <b>WILLIAM E GRABIEL</b>							Registration Number, if PAC					
Street Address <b>6726 ARDWELL DR</b>				Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>					
City <b>CANAL WINCHESTER</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43110</b>		M <b>0</b>		D <b>9</b>		Y <b>2 9 1 6</b>		Amount <b>\$25.00</b>
Full Name of Contributor <b>JOSEPH A. MOTIL</b>							Registration Number, if PAC					
Street Address <b>167 W. COOKE RD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>					
City <b>COLUMBUS</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43214</b>		M <b>1</b>		D <b>0</b>		Y <b>1 9 1 6</b>		Amount <b>\$125.00</b>
Full Name of Contributor <b>FUND RAISING EVENT PROCEEDS - FORM 31-E</b>							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code		M <b>0</b>		D <b>7</b>		Y <b>2 1 1 6</b>		Amount <b>\$850.00</b>
Full Name of Contributor <b>FUND RAISING EVENT PROCEEDS FORM 31-E</b>							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code		M <b>0</b>		D <b>9</b>		Y <b>2 7 1 6</b>		Amount <b>\$500.00</b>
Full Name of Contributor							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City		State <b>OH</b> <input checked="" type="checkbox"/>		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 **\$1,950.00**