

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CHERYL BROOKS SULLIVAN COMMITTEE</b>										
To Whom Paid <b>PARISH MUSICAL ARTS</b>				M <b>0</b>	D <b>7</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$125.00</b>
Address <b>1728 E. BROAD ST</b>		Purpose <b>MUSIC</b>								
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43203</b>	Check Number						
To Whom Paid <b>PARISH MUSICAL ARTS</b>				M <b>0</b>	D <b>8</b>	Y <b>0</b>	Y <b>1</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$55.00</b>
Address <b>1728 E. BROAD ST</b>		Purpose <b>MUSIC</b>								
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43203</b>	Check Number <b>1001</b>						
To Whom Paid <b>LINCOLN CAFE</b>				M <b>0</b>	D <b>8</b>	Y <b>0</b>	Y <b>8</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$168.93</b>
Address <b>740 E. LONG ST</b>		Purpose <b>FOOD FOR EVENT</b>								
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43203</b>	Check Number <b>1002</b>						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State	Zip Code	Check Number						
		OH								
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State	Zip Code	Check Number						
		OH								
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State	Zip Code	Check Number						
		OH								
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State	Zip Code	Check Number						
		OH								

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.