

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT NORM BRUSK							
Full Name of Contributor NORMAN BRUSK						Registration Number, if PAC	
Street Address 1861 CROSSWICK COURT			Employer/Occupation/Labor Organization* CANDIDATE			Form (Cash, Check, etc.) BANK ACCOUNT TRANSFER	
City REYNOLDSBURG		State OH	Zip Code 43068	M 0	D 3	Y 0	Amount \$500.00
Full Name of Contributor SUAN PAM BRUSK						Registration Number, if PAC	
Street Address 1861 CROSSWICK COURT			Employer/Occupation/Labor Organization* WIFE OF CANDIDATE			Form (Cash, Check, etc.) BANK ACCOUNT TRANSFER	
City REYNOLDSBURG		State OH	Zip Code 43068	M 0	D 3	Y 0	Amount \$500.00
Full Name of Contributor CONNIE TURNER						Registration Number, if PAC	
Street Address 1132 GIBSON ROAD			Employer/Occupation/Labor Organization* FRIEND/RETIRED			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG		State OH	Zip Code 43068	M 0	D 3	Y 1	Amount \$50.00
Full Name of Contributor NORMAN BRUSK						Registration Number, if PAC	
Street Address 1861 CROSSWICK COURT			Employer/Occupation/Labor Organization* CANDIDATE			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG		State OH	Zip Code 43068	M 0	D 2	Y 0	Amount \$45.00
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 \$ **1095.**