## **Ohio Campaign Finance Report**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|-------|--------------------|-------|---------|-------------------------|-------------|----------------------------------------------------------------------|---------------|----------------------|--------|------------|--|
| Full Name of Committee CHERYL BROOKS SULLIVAN COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         |                         |             | Registration Number, if PAC<br>FRANKLIN COUNTY<br>PGADD OF FLECTIONS |               |                      |        |            |  |
| Full Name of Candidate  CHERYL BROOKS SULLIVAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         |                         |             |                                                                      |               |                      |        |            |  |
| Street Address POBOX 83429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | Office Sought TREASURER |             |                                                                      |               | District<br>FRANKLIN |        |            |  |
| COLUMBUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         |                         | St.<br>OH   | ite                                                                  | Zip Co        | <u>l</u><br>Je       |        |            |  |
| Type of Report Pre-Primary Post-Primary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | Pre-General             |             | Post-Ge                                                              | neral         |                      | Annual | Year       |  |
| (place X to the left of report<br>type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            | July August Monthly Monthly                |      |       |                    |       |         | September<br>Monthly    | 十二          | Termin                                                               |               | 這                    | Semian | mal        |  |
| Amended Report? 🗖 Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | © No                                                                                                                                                                                                                                                                                                                                                                                       | Report Electronically F                    | led? | Yes   | ■ No               | Dai   | te of l | Election                | 1 1         | 1                                                                    | 0             | 8                    | 1      | 6          |  |
| For candidates only, during an election year, if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  other forms are required for a post-primary or post-general period, if above statement applies, See R.C. 3517.10(H) for details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         |                         |             |                                                                      |               |                      |        |            |  |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         |                         |             | 1                                                                    | <b>-</b>      |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. An                                                                                                                                                                                                                                                                                                                                                                                      | 1. Amount brought forward from last report |      |       |                    |       |         | s                       | ·           | 00                                                                   | _             |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Total monetary contributions (From Form No. 31-A)  3. Total other income (From Form No. 31-A-2)  4. Total funds available (sum of lines 1, 2, 3)  5. Total monetary expenditures (From Form No. 31-B)  6. Balance on hand (line 4 minus line 5)                                                                                                                                         |                                            |      |       |                    |       |         | s                       | \$2,32      | 00                                                                   | 4             |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       | <b>\$</b> 5 | 00                                                                   | _             |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       | \$2,470     | 00                                                                   |               |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       | \$2,146     | 03                                                                   |               |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       | \$323       | 97                                                                   |               |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Value of in-kind contributions received (From Form No. 31-J-1)  8. Value of in-kind contributions made (From Form No. 31-J-2)  9. Outstanding loans owed by committee (From Form No. 31-C)  10. Outstanding debts owed by committee (From Form No. 31-N)  11. Outstanding loans owed to committee (From Form No. 31-K)  12. Value of independent expenditures made (From Form No. 31-U) |                                            |      |       |                    |       |         | s                       | \$138       | 00                                                                   |               |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       |             |                                                                      |               |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       |             |                                                                      | 7             |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       | \$103       | 300                                                                  | 7             |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       |             |                                                                      | 1             |                      |        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | s                       |             |                                                                      |               |                      |        |            |  |
| 13. For Electronic Filing Entitles only Sum of lines 2, 7, and amount of any new loans received this period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         |                         |             |                                                                      | 1             |                      |        |            |  |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                   | <b></b>                                    |      |       |                    |       |         | -                       |             | 1.                                                                   |               |                      |        |            |  |
| THE INFORMATION CONT<br>FALSIFICATION IS GUILTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       | THE PENALTY O      | )F EI | LECT    | TION FALSIFICA          | FION. WHO   |                                                                      |               |                      |        |            |  |
| Print Name and Title (Treasurer and Deputy Treasurer only)  Symptomic Sympto |                                                                                                                                                                                                                                                                                                                                                                                            |                                            |      |       |                    |       |         | 7gr                     |             |                                                                      | 10/26<br>Date |                      | 6      |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            | . 4                                        |      |       |                    |       |         | J 1                     |             |                                                                      |               |                      |        |            |  |
| Contribution 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            | Expenditu                                  | re 3 |       | 7                  |       | Ot      | her 3                   |             |                                                                      |               | Total                | 12     |            |  |