31-B R.C. 3517.10

Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

| · | | | |
|---|---------------------|----------------|-----------------------------------|
| Name of Committee in Full CHERYL BROOKS SULLIVAN COMM | ITTEE | | |
| To Whom Paid PNC BANK | | <u> </u> | M D Y Amount 1 1 6 \$12.00 |
| Address | Purpose BANK S | ERVICE CHAR | GES |
| City | State OH | Zip Code | Check Number |
| To Whom Paid CHERYL SULLIVAN | | | M D Y Amount 7 1 6 \$795.00 |
| Address | Purpose RADIO A | ADS | |
| City | State OH | Zîp Code | Check Number 1008 |
| To Whom Paid CHERYL SULLIVAN | | | 1 1 0 8 1 Amount \$400.00 |
| Address | Purpose POLL STA | ANDERS | |
| City | OH. | Zip Code | Check Number 1009 |
| To Whom Paid CHERYL SULLIVABN | | | M D Y Amount 1 1 0 8 1 6 \$200.00 |
| Address | Purpose POLL STA | ANDERS | |
| City | State OH | Zip Code | Check Number CASH |
| To Whom Paid PNC BANK | | | M D Y Amount \$12.00 |
| Address | Purpose BANK SEI | RVICE CHARGES | |
| City | OH State | Zip Code | Check Number |
| To Whom Paid | | | M D Y Amount |
| Address | Purpose | _ _ | |
| City | OH. | Zip Code | Check Number |
| To Whom Paid | | | M D Y _I Amount |
| Address | Purpose | | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | ·::- | M D Y Amount |
| Address | Purpose | | |
| City | State OH | Zip Code | Check Number |