

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE				
Full Name of Contributor KATHLEEN HOKE			Registration Number, if PAC	
Street Address 646 S. ROYS AVE	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43204	Y 2	Amount \$25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor MELISSA BARNHARDT			Registration Number, if PAC	
Street Address 971 GRANDVIEW AVE	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43212	Y 2	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor NICHOLAS TEBBE			Registration Number, if PAC	
Street Address 1044 HAMLET ST	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43201	Y 2	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor AIMEE STARNER			Registration Number, if PAC	
Street Address 7784 ROWLES DR	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43235	Y 2	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor UNKNOWN - COUNTER CHECK			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 7
City	State OH	Zip Code	Y 2	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor ZACHARY SCOTT			Registration Number, if PAC	
Street Address 7784 ROWLES DR	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43235	Y 2	Amount \$100.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor BERNADINE KENT			Registration Number, if PAC	
Street Address 2868 STELZER RD	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43219	Y 2	Amount \$100.00
Form (Cash, Check, etc.) CHECK				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$425.00**