

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE						Registration Number, if PAC	
Full Name PARISH MUSICAL ARTS				Type* RE		M D Y Amount 0 8 0 1 1 6	
Address 1728 E. BROAD ST		State OH		Zip Code 43203		Form (Cash, Check, etc.) UNCASHED CHECK	
City COLUMBUS							
Full Name RADIO ONE						Registration Number, if PAC	
Address 350 E. 1ST AVE				Type* RE		M D Y Amount 1 0 2 6 1 6 \$6.00	
City COLUMBUS		State OH		Zip Code 43201		Form (Cash, Check, etc.) CREDIT	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC	
Address				Type* RE		M D Y Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.