Page	

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Cheryl Brooks Sullivan Committee	To 1 0			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC	
Paula Brooks Committee				
Street Address	Description of Ite	_	M D Y Fair Market Value	
545 E Town St		Printing		01.13
City	State	Zip Code	Received at Fundraising Event?	
Columbus	$O \mid H$	43215	☐ YES ☑ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC	
Paula Brooks Committee	<u> </u>			
Street Address	Description of Item or Service		M D Y Fair Market Value	
545 E. Town St	]	Postage		92.50
City	State	Zip Code	Received at Fundraising Event?	
Columbus	O H	43215	☐ YES ☑ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC	
Friends of Zach Scott				
Street Address	Description of Ite	nn or Service	M D Y Fair Market Value	
500 S 4th St		Printing	0 2 1 2 1 6 2,70	)1.13
City	State	Zip Code	Received at Fundraising Event?	
Columbus	O  + H	43206	☐ YES ☑ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC	
Friends of Zach Scott				
Street Address	Description of Ite	n or Service	M D Y Fair Market Value	
500 S 4th St		Postage	0 2 1 2 1 6  12	21.88
City	State	Zip Code	Received at Fundraising Event?	
Columbus	O I H	43206	☐ YES ☑ NO	
Full Name of Contributor		ation, Labor Organization *	Registration Number, if PAC	
	1	· ·		
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
ł <sup>*</sup>	1 1		☐ YES ☐ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC	
		-		
Street Address	Description of Its	em or Service	M D Y Fair Market Value	
			1 1 1 1 1 1	
City	State	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer Occur	nation, Labor Organization *	Registration Number, if PAC	
i un inductor condition	Lampioyen, occup			
Street Address	Description of Its	an or Service	M D Y Fair Market Value	
Prince Voluces	Description of its	an or service		
C	State	Zip Code	Received at Fundraising Event?	
City	State	zap code	YES NO	
T HAVCC	Employer Court	nation, Labor Organization *	Registration Number, if PAC	
Full Name of Contributor	Employer, Occup	MIGH, LADOI OI GAIRZAUDR	registration remote, a FAC	
Space Address	Description of Ite	em or Service	M D Y Fair Market Value	
Street Address	Description of Re	IN OF DELYICE	1.   1   1   1   1   1   1   1   1   1	
	5	Zip Code	Received at Fundraising Event?	
City	State	7AP CARE	YES NO	
	<u> </u>		T IES T NO	

Page Total \$ 5,816.64

<sup>•</sup> 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 appear. [R.C. 3517.10(B)(4)]