

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE							
Full Name of Contributor ROBERT RAGLIN					Registration Number, if PAC		
Street Address 823 WARTHLING CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 1	Y 0	Y 1	Amount \$1,000.00
Full Name of Contributor KHARI ENAHARO					Registration Number, if PAC		
Street Address 1433 LINWOOD AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43206	M 1	D 1	Y 0	Y 1	Amount \$60.00
Full Name of Contributor PATRICIA POWELL					Registration Number, if PAC		
Street Address 615 S. WYEANT AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43213	M 1	D 1	Y 0	Y 2	Amount \$50.00
Full Name of Contributor FRED MARSHALL					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* MINISTER			Form (Cash, Check, etc.) CASH		
City	State OH	Zip Code	M 1	D 1	Y 0	Y 8	Amount \$200.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Y	Amount

* 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)]

Page Total **\$1,310.00**