

10

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CHERYL BROOKS SULLIVAN COMMITTEE							
To Whom Paid STEVE CAMPBELL				M	D	Y	Amount
				1	0	1	\$200.00
Address 110 JENNINGS DR		Purpose FOOD FOR EVENT					
City CANAL WINCHESTER		State OH	Zip Code 43110	Check Number 1007			
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address							
Purpose							
City		State	Zip Code	Check Number			
		OH					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$200.00
Page Total \$ _____