| 31-A | |
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| R.C. 3517.1 | 10 |

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Fred Berkemer for Norwich Township T | rustee | | | | |
|---|---|----------------------------|---------------------------|-----------------------------------|--|
| Full Name of Contributor J. Gregory Hart | | | Registration Number, if P | AC | |
| Street Address 2417 Darby Creek Drive | Employer/Occup | pation/Labor Organization* | | Form (Cash, Check, etc.) check | |
| City Galloway | State OH | Zip Code 43119 | 0 9 2 9 0 9 | Amount \$200.00 | |
| Full Name of Contributor Fred Berkemer | | | | | |
| Street Address 1806 Hickory Hill Drive | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City Columbus | State OH | Zip Code 43228 | 0 9 2 2 0 9 | Amount \$200.00 | |
| Full Name of Contributor Fred Berkemer Registration Number, if PAC | | | | | |
| Street Address 1806 Hickory Hill Drive | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) check | |
| City Columbus | State OH | Zip Code 43228 | 1 0 2 3 0 9 | Amount \$100.00 | |
| Full Name of Contributor Registration Number, if PAC Fundraiser 9-20-09 | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) checks | |
| City | State OH | Zip Code | 0 9 2 0 0 9 | Amount \$375.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D Y | Amount | |
| Full Name of Contributor Registration Number, if P | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D Y | Amount | |
| Full Name of Contributor Registration Number, if P. | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D Y | Amount | |
| Full Name of Contributor Registration Number, if PA | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D Y | Amount | |

Page Total \$875.00

^{*} 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)]