

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Ted Berry					
Full Name of Contributor Laurie A Morgan			Registration Number, if PAC		
Street Address 3247 Kingswood Dr		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Grove City		State OH	Zip Code 43123	0   8   3   0   1   6	\$75.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Twinkle R Schottke					
Street Address 4912 McNulty Street			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City Grove City		State OH	Zip Code 43123	M   D   Y	Amount
0   8   3   0   1   6				\$100.00	
Form (Cash, Check, etc.) Check					
Full Name of Contributor Steven M Bennett					
Street Address 1806 Hawthorne Pkwy			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City Grove City		State OH	Zip Code 43123	M   D   Y	Amount
0   8   2   6   1   6				\$100.00	
Form (Cash, Check, etc.) Check					
Full Name of Contributor Maria C McGraw					
Street Address 2579 Scott Court PO Box 1392			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City Grove City		State OH	Zip Code 43123	M   D   Y	Amount
0   8   2   4   1   6				\$25.00	
Form (Cash, Check, etc.) Check					
Full Name of Contributor Bruce Neil					
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City		State OH	Zip Code	M   D   Y	Amount
0   8   3   0   1   6				\$200.00	
Form (Cash, Check, etc.) Cash					
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City		State OH	Zip Code	M   D   Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City		State OH	Zip Code	M   D   Y	Amount
Form (Cash, Check, etc.)					

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$3,560.00

Total expenditures this event.

\$285.28

Page Total \$ 500.00