

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Berry For Grove City													
Full Name of Contributor David Bright						Registration Number, if PAC							
Street Address 2916 Buxton Lane			Employer/Occupation/Labor Organization* Insurance Agent				Form (Cash, Check, etc.) check						
City Grove City		State O h		Zip Code 43123		M 0		D 9		Y 3 0 1 1		Amount 100.00	
Full Name of Contributor Tonva Moore						Registration Number, if PAC							
Street Address 12138 Woodrow Lane			Employer/Occupation/Labor Organization* Red Letter Journals				Form (Cash, Check, etc.) check						
City Grove City		State O h		Zip Code 43123		M 0		D 9		Y 2 8 1 1		Amount 100.00	
Full Name of Contributor Lara Korth						Registration Number, if PAC							
Street Address 1909 Creeks Crossing Ct.			Employer/Occupation/Labor Organization* Trainer				Form (Cash, Check, etc.) check						
City Grove City		State O h		Zip Code 43123		M 1		D 0		Y 0 4 1 1		Amount 500.00	
Full Name of Contributor Erin O'Donnell						Registration Number, if PAC							
Street Address 832 South 5th Street			Employer/Occupation/Labor Organization* Self Employed				Form (Cash, Check, etc.) check						
City Columbus		State o h		Zip Code 43206		M 1		D 0		Y 1 1 1 1		Amount 50.00	
Full Name of Contributor Friends of Senator Grace Drake Committee						Registration Number, if PAC							
Street Address 5954 Briardale Lane			Employer/Occupation/Labor Organization* Cleveland State University				Form (Cash, Check, etc.) check						
City Solon		State O h		Zip Code 44139		M 1		D 0		Y 0 9 1 1		Amount 1,000.00	
Full Name of Contributor Thomas Bloomer						Registration Number, if PAC							
Street Address 6851 Jackson Pike			Employer/Occupation/Labor Organization* Self Employed				Form (Cash, Check, etc.) check						
City Grove City		State O h		Zip Code 43123		M 1		D 0		Y 1 0 1 1		Amount 100.00	
Full Name of Contributor Stanley C. Gault						Registration Number, if PAC							
Street Address 407 West Wayne			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check						
City Wooster		State O h		Zip Code 44691		M 1		D 0		Y 1 4 1 1		Amount 250.00	
Full Name of Contributor Leonard Keith Fields						Registration Number, if PAC							
Street Address 14701 Gibson Rd			Employer/Occupation/Labor Organization* Oberers Flowers				Form (Cash, Check, etc.) check						
City Ashville		State o h		Zip Code 43103		M 1		D 0		Y 1 5 1 1		Amount 500.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,600.00